

## March Awareness Collaborating Partner Activity Form, 2012

- Yes, we would like to participate in March Awareness activities with the CCAC.  
 No, unfortunately our organization is unable to partner with the CCAC.  
 Please remove us from your mailing list.

**Contact Person:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Website:** \_\_\_\_\_

### Please check the activities for which you wish to partner with the CCAC starting in March 2012:

#### 1- AWARENESS AND EDUCATIONAL MATERIALS

(To view the documents please visit [www.colorectal-cancer.ca](http://www.colorectal-cancer.ca) )

- a) Disseminate CCAC educational materials to our members / patients (Standard shipping/ mailing charges will apply):  
Choose a language:     Français     English

*Required quantity*

\_\_\_\_\_ Wallet-sized CRC Fact/Symptom cards  
\_\_\_\_\_ "Understanding Colorectal Cancer" Booklet  
\_\_\_\_\_ The Giant Colon Tour informational poster  
\_\_\_\_\_ Learning about CRC: A Treatment Guide  
\_\_\_\_\_ Brochure: Support-Awareness-Education-Advocacy

*Required quantity*

\_\_\_\_\_ Cancer Coach Program  
\_\_\_\_\_ "Get Your Butt Seen" Poster (GYBS Campaign)  
\_\_\_\_\_ GC - CRC Myths & Facts Poster  
\_\_\_\_\_ "Celebrate A Life" Brochure

- b) Many CCAC materials are available by downloading directly from [www.colorectal-cancer.ca](http://www.colorectal-cancer.ca)  
We will use the download format(s).

#### 2- AWARENESS ACTIVITIES: GIANT COLON EXHIBIT (GC)

- a) We are interested in leasing the Giant Colon Exhibit and/or participating when the Giant Colon is in our location (volunteering, offering staff/resources, promotion, sponsorship, etc.).  
 b) We are interested in securing a table-top display featuring educational materials on colorectal cancer.

#### 3- CALENDAR / WEBSITE / ARTICLES (INTERNET OR PRINT)

- a) We announce all CCAC events in our activity calendar and/or publish articles in our Blog and Newsletter.  
 b) We invite you to become a web partner through a reciprocal hyperlink to the CCAC website.

**4- PLEASE CHECK PROFESSIONAL AREA(S) OF INTEREST (Additional fees may apply to cover costs, i.e. travel):**

- |   |  |
|---|--|
| <input type="checkbox"/> Media Spokesperson   | <input type="checkbox"/> Patient                       |
| <input type="checkbox"/> Medical Professional   | <input type="checkbox"/> Health Educator               |
| <input type="checkbox"/> Cancer coach facilitator   | <input type="checkbox"/> CRC support group facilitator |
| <input type="checkbox"/> Advocate for CRC prevention/ screening                               | <input type="checkbox"/> Researcher                    |
| <input type="checkbox"/> Event planner to help organize a third party fundraiser for the CCAC |  |
| <input type="checkbox"/> Other, please specify _____  |  |

**5- PLEASE INDICATE HOW YOUR ORGANIZATION WILL PROMOTE NATIONAL COLORECTAL CANCER MARCH AWARENESS MONTH (activity details, etc.)**

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**6- ENGAGEMENT OF OTHER ORGANIZATIONS**

Please also include the following organizations/contact person(s) in the CCAC March Awareness mailings. Provide organization name and contact person (phone number, email address and website, if available)

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**7- OTHER SUGGESTIONS ON HOW YOUR ORGANIZATION CAN PARTNER WITH THE CCAC**

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**8- FINANCIAL SUPPORT**

We would like to make a donation to the CCAC to support activities related to March Awareness:

- Please contact us directly
- Cheque enclosed

**Thank you for your cooperation. Together we can make a difference!**