

# Harbour Healthcare, Inc.

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[www.myharbourhealthcare.com](http://www.myharbourhealthcare.com)

Submit form to [myharbourhealthcare@gmail.com](mailto:myharbourhealthcare@gmail.com) or by mail

1

Today's Date:

2

Your Name (First, Last):

3

Your Position (HR, Organizer, etc.):

4

The Name of Your Group:

5

Number of Employees or People In Your Organization:

- <10
- 11-25
- 26-50
- 51-99
- 100-249
- 250-499
- 500+

6

The Expected Date and Time of Your Event?

7

Do You Provide Any of The Following? (choose as many as applicable)

- Internet Access
- Dedicated Load-In / Load-Out area
- Audio/Video Capability
- Video Projector
- Amplification (PA system, Microphone, etc.)
- Table
- Chairs
- Other

8

Tell Us More About Your Specific Needs and How We May Help You:

9

Best Method of Contact and Day(s)/Time(s):

10

General Questions: