



CCHSE/OEE TRAVELLING ENERGY EFFICIENCY KIOSK (TEEK)

The Canadian College of Health Service Executives (CCHSE) and Natural Resources Canada's Office of Energy Efficiency (NRCan – OEE) are pleased to offer your health care facility an opportunity to participate in our **Travelling Energy Efficiency Kiosk (TEEK) Programme**.

The Travelling Energy Efficiency Kiosk is a high quality, innovative display that will enable your facility to easily set up a visually eye-catching energy efficiency display in your lobby, cafeteria or atrium to promote special energy events such as the launch of an Energy Efficiency Awareness Campaign, the start of an energy retrofit project or the celebration of ongoing energy efficiency successes.

Each banner (only 7 kg. in weight) retracts into a machined aluminum base unit, that fits in a small “carry-on-sized” nylon canvas bag. It just doesn't get any easier than this! Each unit sets up in less than 30 seconds.



UNIT 1: Banner #1 & #2 – Map of Canada
Total size: 80" X 86"

UNIT 2: Banner #3
Total size: 40" X 86"

Banners #1 and #2 combine to create UNIT 1 - a map of Canada showing facilities and engineering elements from across the country. UNIT 2 (Banner #3) easily integrates into UNIT 1 or can be used as a stand-alone - highlighting both the engineering and the human side of energy efficient health care.

For complete details on how to participate in the Travelling Energy Efficiency Kiosk (TEEK) Programme, contact the Energy Efficiency Coordinator at 1-613-756-0435 or kwaddington@cchse.org



Canadian College of
Health Service Executives
Collège canadien des
directeurs de services de santé

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RESERVATION FORM

BOOKING INSTRUCTIONS [Please print]

1. Fax this completed Reservation Form to fax number **1-613-756-0324**
2. Send an e-mail to kwaddington@cchse.org confirming date and time of fax transmission

Questions: Contact Kent Waddington at 1-613-756-0435

Name of Health Care Facility: _____

Complete Address: _____

Contact Name: _____ Position: _____

Tel: _____ Fax: _____ E-mail: _____

Ship-To Address: _____

Attention: _____ Tel: _____

Special Instructions: _____

Please reserve: UNIT #1 UNIT #2 BOTH UNIT #1 AND #2

Date Kiosk required: _____ Date(s) of display/promotion: _____

Date Kiosk will be shipped from your facility: _____

Brief description of your event: _____

Preferred Shipping Method: Purolator Loomis Courier Other _____

Additional Information: _____

I acknowledge I am responsible for the Kiosk unit(s) while in my custody and agree to return the unit(s), adequately insured, by the scheduled return date.

Signature/Title _____ Date: _____

OFFICE USE:

Approved Alternate

Req'd. Date(s): _____

Outbound Bill # _____

Return Bill # _____

Date Rec'd: _____

Follow-up: _____

Notified Date: _____ Alternative Date(s): _____

Confirmed: _____ Shipped #1 #2 Both

HQ Faxed Date _____ Ship Date: _____

HQ Faxed Date _____ Ship Date: _____

Condition: _____