



# OHIA Workshop Sponsorship Application

**SUBMITTED BY:**

**Name:**  
Organization:  
Address:

Email:  
Phone:

**SUBMIT TO:**

**Ontario Homicide Investigator's Association**  
c/o Anthony Tessarolo  
Centre of Forensic Sciences  
25 Morton Shulman Avenue  
Toronto, ON M3M 0B1

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**INFORMATION TO SUPPORT REQUEST FOR SPONSORSHIP (I.E REGISTRATION AND ACCOMMODATIONS) TO ATTEND THE OHIA WORKSHOP**

\_\_\_\_\_

Claimant's name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date