



Registration form—Training activities

One participant per registration form please.

Name of organization:

FIS	IS Org. Code																		
IS Ref. Code																			
Consignee Code																			
Client Reference number																			

THESE CODES MANDATORY FOR FEDERAL DEPARTMENTS AND AGENCIES

Name and title of manager:

Address:	Phone:
	Fax:
	E-mail:

Name and title of participant:

Address:	Phone:
	Fax:
	E-mail:

Activity	Dates		Fees*
	1 st choice	2 nd choice	

Send invoice to:	Please mail the form to:
Name:	Translation Bureau Training and Evaluation Services Crémazie Building, 8 th Floor 70, Crémazie Street Gatineau, Quebec K1A 0S5 Phone: (819) 997-4056 Fax: (819) 997-7638
Address:	
Phone:	

*Where applicable, taxes will be included in the invoice.

A 20% discount is available to members of a recognized professional association. To receive the discount, proof of current membership (e.g. a photocopy of the membership card) is required.