



CULTIVER L'EXPERTISE
DIFFUSER LE SAVOIR

GROUP REGISTRATION FORM AT A CRAAQ EVENT

Send this completed form to CRAAQ
(phone bookings are not accepted) :

CRAAQ – Customer service
Édifice Delta 1, 2875, boulevard Laurier, 9^e étage, Québec (Québec) G1V 2M2
Fax : 418 644-5944
Email : client@craaq.qc.ca

Name of the event : _____

Date of the event : _____

SECTION A : REGISTRATION*

1 free registration for the 11th registered participant, for the 22nd participant, for the 33rd participant, etc.

Total cost : _____ people X _____ \$ (individual rate) X **1,14975** (GST & QST) = _____ \$
Total cost: _____ people X _____ \$ (individual rate) X **1,14975** (GST & QST) = _____ \$
Total : _____ \$

SECTION B : LIST OF PARTICIPANTS*

	Name	First name	Email	Phone
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

* If more than 11 people, attach an extra sheet.

Number of headset required for translation of the conferences _____

SECTION C : PAYMENT METHOD

Check payable to CRAAQ, dated the day of shipment Billing
 Visa / MasterCard Card N° : _____ / _____ / _____ / _____ Expiration date : _____ CVV _____

Name of the holder : _____

Signature of the holder : _____

Person in charge : _____

Contact details for invoicing (if different from those of the person in charge)

Name : _____

Nom : _____

Organization : _____

Organization : _____

Address : _____

Address : _____

City : _____ Postal Code : _____

City : _____ Postal Code : _____

Phone : _____ Fax: _____

Phone : _____ Fax: _____

Email : _____

Email: _____