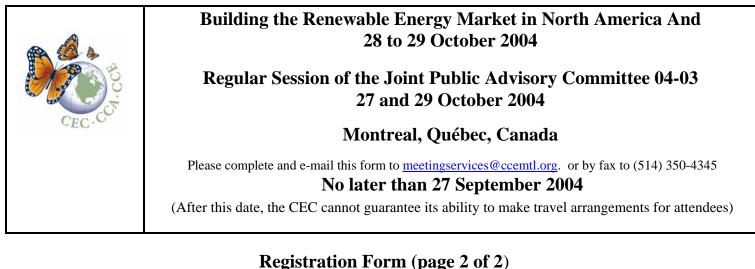
CEC.COT	Building the Renewable Energy Market in North America And 28 to 29 October 2004		
	Regular Session of the Joint Public Advisory Committee 04-03 27 and 29 October 2004		
	Montreal, Québec, Canada		
	Please complete and e-mail this form to <u>meetingservices@ccemtl.org</u> . or by fax to (514) 350-4345 <b>No later than 27 September 2004</b>		
	(After this date, the CEC cannot guarantee its ability to make travel arrangements for attendees)		

## **Registration Form (page 1 of 2)**

Meeting Services Liliana Paz-Miller, Coordinator Olga Sotelo, Assistant Daniel Brevé, Assistant	Persons and organizations who are not pre-registered may register on site, subject to the availability of space. However, as space is limited, we encourage participants to pre-register. <b>I WILL ATTEND</b>		
E-mail: meetingservices@ccemtl.org	Building the Renewable Energy Market in North America 28 to 29 October Yes No		
<b>FAX:</b> (514) 350-4345	Joint Public Advisory Committee (JPAC) 27 and 29 October Yes No		

## Identification

Name: Mr. 🗆 Ms.	First name:		Last name:			
Title:			Organization:			
Address:						
City:	Province State:	/	Country:	Postal / Zip Code:		
Tel: (Res.):	Tel: (Off	.):	FAX:	E-mail:		
My professional activity falls within the following category:						
Academia Consultant		GOVERNMENT	IGO			
MEDIA NGO		PRIVATE SECTOR	OTHER, SPECIFY: NON-PROFIT ENVIRONMENTAL EDUCATION			
Languages understood:       English       French       Spanish         Languages spoken:       English       French       Spanish						



# Travel Arrangements

#### The CEC would appreciate if participants and their institutions could assist with travel and accommodation costs.

Please verify your passport's expiry date and apply for your visa (if necessary) before you make a request for financial assistance.

• Do you need financial assistance from the CEC for your travel arrangements?

Please note that the CEC will make <u>all</u> travel arrangements for participants who receive financial assistance in order to avoid delays with reimbursements. Please indicate your preferences for the preparation of the itinerary.

City and date of departure:

City and date of return:

### Hotel

<b>Delta Montreal (Opus II Room)</b> 475, avenue President Kennedy, Montreal, Quebec. H3A 1J7. Tel: 514 286 1986. Fax: 514 284 4306						
• Do you need financial assistance for your hote	el accommodations? 🗌 Yes 🗌 No					
Please note that the CEC will make hotel reservations for <u>all</u> participants. Please indicate your preferences. Participants are responsible for making their own hotel cancellations. In case of 'no show,' the hotel will charge the applicable amount on your credit card. <b>Please fill out the next two sections if you are paying for your stay at the hotel.</b>						
Credit card type:	Card holder name:					
Credit card no.:	Expiry date:					
Type of room requested:     Non-smoking:     Image:	Check-in date: Day / Month / Year					
Double: Smoking:	Check-out date: Day / Month / Year					
Are you vegetarian? Yes 🗌 No 🗌	Do you have food allergies? (specify)					
Date:	Signature:					

Hour:

Hour: