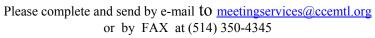


Date:

Tri-National Conference on Wildlife Enforcement Activities:

"In Search of Better Avenues for Public Participation" (P.4.2.2.01.01 M11)

Washington DC, February 28-March 1st, 2002



No later than January 14, 2002



Confirmation of Participation									
Meeting Services			I WILL ATTEND		□ YI	□ YES		□NO	
	illeneuve, Coordinator								
Olga Sotelo, Assistant			Languages understood:		☐ En	glish	☐ French	☐ Spanish	
E-mail: meetingservices@ccemtl.org			Languages spoken:		□ En	glish	☐ French	☐ Spanish	
FAX: (514) 350-4345			zanguage:	inguages sporten.		55		•	
Identification									
First name Last name Name:									
Title:									
Organiza	ation:								
Address:						City:			
Province /			Country:			Postal /	Postal / Zip		
State:						Code:	:		
Tel.(Res.): ()			Tel. (Off.): () FAX:			FAX: (()		
E- mail :									
D man.			Tra	avel Arrangeme	ents				
The CEC would appreciate if participants and their institutions could assist with travel and accommodation costs.									
• Do you need financial assistance from the CEC for your travel arrangements? \(\sigma\) Yes \(\sigma\) No									
Would you like our Travel Agency to make your travel arrangements?									
(This applies only to participants for whom the CEC will pay travel expenses. Please refer to your invitation letter for details. When									
possible, preferences will be taken into consideration for the preparation of the itinerary.)									
City and date of Departure:					☐ Early am ☐ AM		☐ Early evening		
					☐ Afternoon		EveningRed-eye		
□ YES									
	City and date of Return:				☐ Early am	→ Early am → AM 		Early eveningEvening	
					☐ Afternoon			Red-eye	
	Please indicate the	travel arrangeme	ente vou hav						
Please indicate the travel arrangements you have made on your own. We will reimburse the equivalence of an economy round trip airfare upon receipt of the original voucher/invoice. This applies to participants for whom the CEC is paying travel									
expenses. *NOTE: From Ottawa and Quebec City to Montreal, the CEC will reimburse travel by train or bus, economy class.									
Hotel									
HOTEL TO BE CONFIRMED									
Do you need financial assistance for your hotel accommodations? ☐ Yes ☐ No									
Type of room requested:									
Single: Non-smokin		Non-smoking:		E -	Check-in	date:	Day Mor	/ nth Year	

Signature: