



Public Meeting of the Sound Management of Chemicals Working Group

17 March 2005. San Diego, California

(SMOC 2005 – Luke Trip)

Please complete and e-mail this form to meetingservices@ccemtl.org. or by fax to (514) 350-4345

No later than 15 January 2005

(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 E-mail: meetingservices@ccemtl.org Fax: (514) 350-4345 | I WILL ATTEND | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | Languages understood | <input type="checkbox"/> English | <input type="checkbox"/> French | <input type="checkbox"/> Spanish | |
| | Languages spoken | <input type="checkbox"/> English | <input type="checkbox"/> French | <input type="checkbox"/> Spanish | |

Identification

| | | | | |
|---|-------------------|---------------|--------------------|--|
| Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> | First Name: | Last Name: | | |
| Title: | | Organization: | | |
| Adresse: | | | | |
| City: | Province / State: | Country: | Postal / Zip Code: | |
| Tel. (Res.): | Tel. (Office): | Fax: | E-mail: | |



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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?** Yes No

Please note that the CEC will make all 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:

Hour:

City and date of return:

Hour:

Hotel

Hilton Harbor Island

1960 Harbor Island Drive, San Diego CA 92101 Tel: 619 291 6700

• **Do you need financial assistance for your hotel accommodations?** Yes No

Please note that the CEC will make hotel reservations for all 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. **Please fill out the next two sections if you are paying for your stay at the hotel.***

Credit card type:

Card holder name:

For security reasons, we recommend sending this form by fax

Expiry date:

Credit card no.:

Type of room requested:

Single:

Non-smoking:



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: