



Public Meeting of the Lindane Task Force

Anchorage, Alaska. 12 February 2004

(Victor Shantora)

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

No later than 5 December

(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@cceatl.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. [Travel and accommodation may be provided in accordance with the "Framework for Public Participation in the Commission for Environmental Cooperation Activities". www.cec.org/files/pdf/publications/guide19_en.pdf](http://www.cec.org/files/pdf/publications/guide19_en.pdf)

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

Hotel to be confirmed

• **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:

Credit card no.:

Expiry date:

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: