



SMOC (Sound Management of Chemicals) Meeting
Tucson, Arizona, November 2, 2001(Victor Shantora) p.3.2.1.01 M13

Please complete and send to: meetingservices@ccemtl.org or by Fax: (514) 350-4345

No later than October 5.

Confirmation of Participation

Meeting Services Olga Sotelo, Assistant Leticia Villeneuve, Coordinator E-mail : meetingservices@ccemtl.org FAX: (514) 350-4345	??Name of Meeting - SMOC Public Meeting	Date Nov. 02	I WILL ATTEND ? YES ? NO	
	Languages understood: ? English ? French ? Spanish Languages spoken: ? English ? French ? Spanish			

Identification

Name: <small>First name</small>		<small>Last name</small>	
Title:			
Organization:			
Address:		City:	
Province / State:	Country:	Postal / Zip Code:	
Tel.(Res.): ()	Tel. (Off.): ()	FAX: ()	
E- mail :			

Travel Arrangements

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? ? Yes ? 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.)			
? YES	City and date of Departure:	? Early am ? AM ? Afternoon	? Early evening ? Evening ? Red-eye
	City and date of Return:	? Early am ? AM ? Afternoon	? Early evening ? Evening ? Red-eye
? NO	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

Marriott University Park Hotel: 880 E., 2 nd Street, Tucson, Arizona. 85719. Tel.: (520)792-4100. Fax: (520) 882-4100. Web Site: www.marriotthotels.com			
? Do you need financial assistance for your hotel accommodations? ? Yes ? No			
Type of room requested: Single: ?	Non-smoking: ?	?	Check-in date: Day / Month / Year
Double: ?	Smoking: ?	Other:	Check-out date: Day / Month / Year

Date:

Signature: