



**Trilateral Workshop on Risk Assessment & Children's
Environmental Health**
Oaxaca, Mexico. February 19 – 21, 2003.
(P.351.Supplemental Funds/321.09.02. Erica Phipps/José Carlos Tenorio)

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

No later than January 20

(After this date, the Commission cannot guarantee its ability to make travel arrangements for attendees)

Registration Form

Meeting Services

Liliana Paz-Miller, Coordinator
Olga Sotelo, Assistant
Daniel Brevé, Assistant

E-mail:

meetingservices@ccemtl.org

FAX: (514) 350-4345

I WILL ATTEND

YES

NO

Languages understood:

English

French

Spanish

Languages spoken:

English

French

Spanish

Identification

Name: Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>		First name	Last name
Title:		Organization:	
Address:			
Province / State:	Country:	City:	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.)

<input type="checkbox"/> YES	City and date of Departure:	HOUR
	City and date of Return:	HOUR
<input type="checkbox"/> 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

**Hotel Fortin Plaza: Av. Venus No. 118, Colonia Estrella, CP. 68040, Tel: +52 (9) 515.77.77/
Fax: +52 (9) 515.13.28**

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

• **Would you like the CEC to make your hotel reservation?** Yes No

Type of room requested: Single: <input type="checkbox"/>	Non-smoking: <input type="checkbox"/>	<input type="checkbox"/>	Check-in date:	Day / Month / Year
Double: <input type="checkbox"/>	Smoking: <input type="checkbox"/>	Do you have food Allergies? (Specify)	Check-out date:	Day / Month / Year

Date:

Signature: