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Canada School

École de la fonction of Public Service publique du Canada

REGISTRATION FORM

Please complete the following and fax to (819) 994-2948 or email to nathalie.marcoux@csps-efpc.gc.ca Your registration will not be processed if course/event and participant information are not fully provided.

Course/Event Information												
Course / Eve	nt Code	Cours	se / Event T	itle								
G116		Otta	wa and I	Мe								
Date Fro	m -To (YYYY-M	M-DD)	Location				Langua	age		Cost		
	!					Englis	h	French	N	/A		
Participant Information												
Surname						Initial(s)						
Title / Section / Division / Branch						Work Phone Number						
							()				
						Ext						
						Work Fax Number						
Department / Agency						Classification						
2 opar amone?	7.gooy											
Street Address (please no P.O. Box)						Gender						
							Male		Female			
						Language of Correspondence						
							French		English			
Postal Code Federal Government E-mail Address					Employee Self-Identification							
							(For the purpose of ensuring equal representation of the designated groups)					
Special Requirements - Please indicate if you have any particular needs for physical access, special facilities, allergies or other details that we may accommodate in advance.						access,	Are you a Person with a Disability? ONo OYes					
							Are you an A	Aboriginal p	person?	ONo OYes		
							Are you in a	Visible Mir	nority group	? ONo OYes		
Notice:	The particip	ant is respo	onsible for o	btaining any require	d approval within	his/her d	lepartment o	r agency.				
Participant Signature						Date						
For more	informati	ion abou	ıt Ottawa	a and Me (G11	6)							
Please conta				-								

Nathalie Marcoux

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