

1. **First and Last Name:** _____
File Number: _____ Ind. Reference No.: _____
Date of birth: _____
Country of Origin: _____ E-mail: _____
Address: _____
Telephone: _____ Fax: _____
Languages (spoken): _____

2. **Business activity sector:** _____
Plans for doing business in Québec:

Business experience:

Specific interests / Comments:

Category : investor entrepreneur self-employed worker

3. **Participation to the seminar**
English Session: October 11 and 12, 2006

4. **Individual meeting with a business immigration advisor:** yes no

5. **Length of stay in Québec:** _____

Signature: _____ **Date :** _____

**FORWARD YOUR REQUEST, BY FAX OR E-MAIL, AT THE LATEST TWO WEEKS
BEFORE THE SEMINAR TO:**
Centre de services aux gens d'affaires
Ministère de l'Immigration et des Communautés culturelles
Telephone : (514) 864-7089
Fax : (514) 873-7867
E-mail: imm-affaires@micc.gouv.qc.ca
Web site: <http://www.immigration-quebec.gouv.qc.ca>