

CONFERENCE REGISTRATION

Registration Fee: Cdn\$150

Family Name/Surname:

First/Given Name:

Street Address:

City:

Province/State:

Postal Code/ZIP:

Country:

Telephone:

Fax:

E-mail Address:

Affiliation/Organization/School:

Please fill out one sheet for each attendee

COCAL V CONFERENCE REGISTRATION FORM

*Send completed form and certified cheque
or money order in the name of:*

CUPFA (COCALV)

to:

*Concordia University Part-Time Faculty Association
2150 Bishop K310
Montréal, Québec
CANADA
H3G 1M8
Attn: COCAL V Organizers*

