



PERSONAL INFORMATION

MEMBER ID		INSTITUTE		
CHECK ONE <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	FIRST NAME	MIDDLE NAME OR INITIALS	LAST NAME	
HOME ADDRESS (NUMBER AND STREET NAME)		CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE		HOME E-MAIL		

EMPLOYMENT INFORMATION

CURRENT EMPLOYER	POSITION/TITLE			
EMPLOYER ADDRESS (NUMBER AND STREET NAME)	CITY	PROVINCE	POSTAL CODE	
BUSINESS TELEPHONE	BUSINESS E-MAIL	BUSINESS FAX		

INTERACTIVE WORKSHOP SELECTION

Please enroll me in the interactive workshops indicated below :

INTERACTIVE WORKSHOPS

<input type="checkbox"/>	Leadership and Professionalism - 2 days / Octobre 1 st and 2 nd , 2009	\$800.00
<input type="checkbox"/>	Negotiation Skills – 4 days November 5 th , 6 th and 12 th , 13 th , 2009	\$1600.00
<input type="checkbox"/>	Communication and Relational Skills – 3 days	\$1200.00
<input type="checkbox"/>	Competitive Bidding, Contract Preparation and Contract Management – 2 days	\$800.00
<input type="checkbox"/>	International Business and Multicultural Skills – 2 days	\$800.00
<input type="checkbox"/>	Ethical Behavior and Social Responsibility – 3 days	\$1200.00

Documentation :	Sub-Total	
English <input type="checkbox"/>	GST (5%)	
French <input type="checkbox"/>	QST (7.5%)	
	Total Amount Payable	

MEMBER :
Workshop - 2 days : \$ 800 (plus taxes)
Workshop - 3 days : \$1200 (plus taxes)
Workshop - 4 days : \$1600 (plus taxes)

NON-MEMBER :
Additional charge of \$ 200 (plus taxes) per day

IMPORTANT : The documentation will be sent to you one week before the workshop. Therefore, it is VERY IMPORTANT to register at least 10 days prior to the event.

PAYMENT OPTIONS

- Cheque Money Order Purchase Order
 Visa MasterCard AMEX

Cardholder's Name: _____

Credit Card Number: _____

Expiry Date: _____ / _____

Cardholder Signature: _____

COURSE MATERIAL DELIVERY

Course material cannot be delivered to Apt #'s, P.O. Box #'s, General or Rural Delivery. Please choose one of the following options:

- Business Purolator Shipping Centre* Home**

* Delivered to the Purolator Shipping Centre closest to your home address.

** Only select "home" delivery if the other two options are not possible. Packages will be sent "No Signature Required".

Note: If "Home" option is chosen, you are responsible for the replacement costs of materials, if necessary.

Signature: _____ Date: _____

OFFICE USE ONLY

Card Approval #	Batch #
Cheque #	Purchase/Money Order #
Date Processed	Date Materials Shipped

APPLICATION SUBMISSION

Application must include full payment in order to be processed. Mail or fax to:

Corporation des approvisionneurs du Québec, 895, boul. du Séminaire Nord, Suite 302, Saint-Jean-sur-Richelieu, Qc, J3A 1J2
Toll Free: 1.800.977.1877 Tel: 450.357.0033 Fax: 450.357.0044 E-mail: info@caq.qc.ca