



Les Savoirs guident nos Nations
Knowledge guides our Nations

CONFIRMATION OF PARTICIPATION

Meeting: _____ **START DATE:** _____ **START TIME:** _____
Location: _____ **END DATE:** _____ **END TIME:** _____
Name of your Organization: _____
Participant: _____
Last Name: _____ First Name: _____

Will you be travelling by car? Yes No Other:

If you wish to travel by plane, please complete this section with your preferred location and times of departure:

Date of departure: _____ Time: _____ Airport: _____ Flight #: _____
Date of return: _____ Time: _____ Airport: _____ Flight #: _____

AEROPLAN NUMBER: _____

If you request to modify or cancel your reservation, we reserve the right to invoice you for fees incurred

If you require another mode of transportation, please complete this section with your preferred location and times of departure:

Type of transportation needed: _____
Date of departure: _____ Time: _____ Location: _____
Date of return: _____ Time: _____ Location: _____

If you require lodging, please complete this section:

Number of nights: _____ Date of Arrival: _____ Date of Departure: _____
*Cancellations require a 48 hour notice, otherwise we reserve the right to invoice you for any costs incurred**

Additional information:

AUTHORIZATION

DIRECTOR'S SIGNATURE

***return the completed form within 5 business days**

BY EMAIL: ACCOUNTANT@CONSEILSCOLAIRE-SCHOOLCOUNCIL.ORG