

REGISTRATION FORM FOR CHARTERED FLIGHT

FILE NUMBER : _____

GROUP LEADER		BOARDING LOCATION :		Montréal <input type="checkbox"/>	Québec City <input type="checkbox"/>	Mont-Joli <input type="checkbox"/>
Last name :			First name :			
Civic number (home) :		Street (home) :			Apartment :	
City, town or municipality (home) :				Area code :		
Home phone number : ()			Cellular or work phone number : ()			
Hunter's certificate*:			Year of birth :			
E-mail address :			@			

*If necessary

COMPANION #1		BOARDING LOCATION :		Montréal <input type="checkbox"/>	Québec City <input type="checkbox"/>	Mont-Joli <input type="checkbox"/>
Last name :			First name :			
Civic number (home) :		Street (home) :			Apartment :	
City, town or municipality (home) :				Area code :		
Home phone number : ()			Cellular or work phone number : ()			
Hunter's certificate*:			Year of birth :			
E-mail address :			@			

*If necessary

COMPANION #2		BOARDING LOCATION :		Montréal <input type="checkbox"/>	Québec City <input type="checkbox"/>	Mont-Joli <input type="checkbox"/>
Last name :			First name :			
Civic number (home) :		Street (home) :			Apartment :	
City, town or municipality (home) :				Area code :		
Home phone number : ()			Cellular or work phone number : ()			
Hunter's certificate*:			Year of birth :			
E-mail address :			@			

*If necessary

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COMPANION #3		BOARDING LOCATION :		Montréal <input type="checkbox"/>	Québec City <input type="checkbox"/>	Mont-Joli <input type="checkbox"/>
Last name :			First name :			
Civic number (home) :		Street (home) :		Apartment :		
City, town or municipality (home) :				Area code :		
Home phone number : ()			Cellular or work phone number : ()			
Hunter's certificate* :			Year of birth :			
E-mail address :			@			

*If necessary

COMPANION #4		BOARDING LOCATION :		Montréal <input type="checkbox"/>	Québec City <input type="checkbox"/>	Mont-Joli <input type="checkbox"/>
Last name :			First name :			
Civic number (home) :		Street (home) :		Apartment :		
City, town or municipality (home) :				Area code :		
Home phone number : ()			Cellular or work phone number : ()			
Hunter's certificate* :			Year of birth :			
E-mail address :			@			

*If necessary

COMPANION #5		BOARDING LOCATION :		Montréal <input type="checkbox"/>	Québec City <input type="checkbox"/>	Mont-Joli <input type="checkbox"/>
Last name :			First name :			
Civic number (home) :		Street (home) :		Apartment :		
City, town or municipality (home) :				Area code :		
Home phone number : ()			Cellular or work phone number : ()			
Hunter's certificate* :			Year of birth :			
E-mail address :			@			

*If necessary

IN ORDER TO OFFER YOU MAXIMUM EFFICIENCY IN THE ADMINISTRATION OF YOUR FILE AS WELL AS IN THE PREPARATION OF YOUR BORDING PASSES IT IS VERY IMPORTANT TO COMPLETE THIS FORM

RETURN YOUR COMPLETED FORM BY :	
E-MAIL :	info.anticosti@sepaq.com
MAIL :	SÉPAQ ANTICOSTI PLACE DE LA CITÉ, TOUR COMINAR 2640, BOUL. LAURIER, BUREAU 1300 QUÉBEC (QUÉBEC) G1V 5C2