



Registration Form

WFTL Montreal 2016

Family Name : _____ First Name : _____

Organization (if relevant) : _____

Address : _____

City, State, Province : _____

Country: _____ Postal Code : _____

Telephone: _____ Cell. Phone : _____

Email address: _____

Cost of participation :

- (1) Registration, including two (2) mid-day meals: \$25
- (2) Lodging (nights: August: 7-13 inclusive) at Jean-de-Brebeuf College (3200 Chemin de la Cote Ste-Catherine, Montreal, Quebec) (Note : the number of rooms is limited)
Single Room, \$167: _____ Double room, \$230 (\$115/person): _____
- (3) Breakfasts (August 8-14 inclusive), \$64: _____
- (4) Solidarity Contribution (*optional*): _____ \$

TOTAL: \$ _____

To receive a receipt (to be delivered on site at the FMTL): Yes No

Payment : (Note : Make your check payable to **ROJEP**). Please indicate your return address.

Send this registration form by mail, along with your payment (by check) to **ROJEP-FMTL, Attn. : Marie-France Dozois, 25 rue Jarry Ouest, Montreal (Quebec) Canada, H2P 1S6.**