

REGISTRATION FORM – TAC ANNUAL CONFERENCE WORKSHOPS

Please complete this form and return it to TAC with your conference registration form.
You can also register online at www.tac-atc.ca.

Name _____ Title _____

Organization _____

Street _____ City _____

Province / State _____ Postal / Zip Code _____

Tel. _____ Fax _____

Email _____

Write your choices in the spaces below. You are encouraged to register early so that your preferences can be accommodated. **Follow this example.**

Example

My first workshop preference is B.

Roundtable language X English _____ French _____ No language preference

PLEASE INDICATE YOUR WORKSHOP AND ROUNDTABLE PREFERENCES BELOW.

My **first** workshop preference is _____.

Roundtable language _____ English _____ French _____ No language preference
(English or French)

My **second** workshop preference is _____.

Roundtable language _____ English _____ French _____ No language preference
(English or French)

My **third** workshop preference is _____.

Roundtable language _____ English _____ French _____ No language preference
(English or French)

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