**Annex 2**

**Form: Inscriptions for individual events**

**51st Transportation Convention and Trade show: PROCHAIN ARRÊT! (2016)**

**MAILING CONTACT’S COORDINATES**

Last name |       First name |

Title |       Company or organisation |

Address |

City |       Province/State |

Postal Code |       E-mail |

Telephone |       Fax |

**Please consult your** [**list of deliverables**](http://www.linguee.fr/anglais-francais/traduction/list+of+deliverables.html) **to have the number of registrations your visibility options entitle you for each individual event**

**For all inquiries, please contact Andres Quesada at 514-523-6444 ext. 310 or by e-mail at** [**aquesada@aqtr.qc.ca**](mailto:aquesada@aqtr.qc.ca)

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| **Opening Conference**  **(Monday April 11th)** |
| **Representative’s first and last name** | **Title** | **Company**  (if different) | **Telephone and extension** | **E-mail** | **Food allergies and intolerances** |
| 1- |  |  |  |  |  |
| 2- |  |  |  |  |  |
| 3- |  |  |  |  |  |
| 4- |  |  |  |  |  |
| 5- |  |  |  |  |  |
| 6- |  |  |  |  |  |
| 7- |  |  |  |  |  |
| 8- |  |  |  |  |  |

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| **Luncheon**  **(Tuesday April 12th)** |
| **Representative’s first and last name** | **Title** | **Company**  (if different) | **Telephone and extension** | **E-mail** | **Food allergies and intolerances** |
| 1- |  |  |  |  |  |
| 2- |  |  |  |  |  |
| 3- |  |  |  |  |  |
| 4- |  |  |  |  |  |
| 5- |  |  |  |  |  |
| 6- |  |  |  |  |  |
| 7- |  |  |  |  |  |
| 8- |  |  |  |  |  |

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| **Closing Conference**  **(Mercredi 13 avril)** |
| **Representative’s first and last name** | **Title** | **Company**  (if different) | **Telephone and extension** | **E-mail** | **Food allergies and intolerances** |
| 1- |  |  |  |  |  |
| 2- |  |  |  |  |  |
| 3- |  |  |  |  |  |
| 4- |  |  |  |  |  |
| 5- |  |  |  |  |  |
| 6- |  |  |  |  |  |
| 7- |  |  |  |  |  |
| 8- |  |  |  |  |  |

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| --- |
| **President’s Night**  **(Monday April 11th)** |
| **Representative’s first and last name** | **Title** | **Company**  (if different) | **Telephone and extension** | **E-mail** | **Food allergies and intolerances** |
| 1- |  |  |  |  |  |
| 2- |  |  |  |  |  |
| 3- |  |  |  |  |  |
| 4- |  |  |  |  |  |
| 5- |  |  |  |  |  |
| 6- |  |  |  |  |  |
| 7- |  |  |  |  |  |
| 8- |  |  |  |  |  |

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| --- |
| **Banquet**  **(Tuesday April 12th)** |
| **Representative’s first and last name** | **Title** | **Company**  (if different) | **Telephone and extension** | **E-mail** | **Food allergies and intolerances** |
| 1- |  |  |  |  |  |
| 2- |  |  |  |  |  |
| 3- |  |  |  |  |  |
| 4- |  |  |  |  |  |
| 5- |  |  |  |  |  |
| 6- |  |  |  |  |  |
| 7- |  |  |  |  |  |
| 8- |  |  |  |  |  |