

**REQUEST FOR ACCOMODATION FORM
OUT-OF-TOWN DELEGATES**

QFHSA EVENT



Name of Event: _____

Accommodations: Novotel Hotel
599 Alfred Nobel.
St Laurent, QC
H4S 2G1

ACCOMMODATION DATES: one (1) night

Friday, November 2nd _____ **or**

Saturday, November 3rd _____

Please see Expenses Guidelines for Out-of-Towners.

Fill in ALL the information below. Photocopy and retain in your local association file.

NAME OF LOCAL ASSOCIATION: _____

NAME OF DELEGATE: _____

ADDRESS: _____

City: _____ Postal Code: _____

Tel # of Delegate: _____

E-mail Address: _____

Email, Fax or Mail to:
3285 Cavendish Blvd., Ste 560,
Montreal, Qc. H4B 2L9 Fax: 514-481-5610
Email: sheiladesormeaux@qfhsa.org