

CORPORATE FORM

BEFORE YOUR APPOINTMENT, please complete the following form and either hand it in at the reception at the time of your visit, fax it to 514 412-7362 or e-mail it to info@santevoyage.com.

INFORMATION ON THE TRAVELLER

Name:

Destination:

Availability for an appointment:	Day:	Day:
	Time:	Time:
	Day:	Other:
	Time:	

When necessary, does the company reimburse the \$35 cost of the medical consultation? YES NO

When necessary, does the company reimburse the purchase of products such as insecticides, first aid kits, etc.? YES NO

INFORMATION ON THE COMPANY

Company:

Address:

City: Province: Postal code:

Telephone: Extension: Fax:

E-mail:

Contact person for authorization:

Contact person for accounts payable:

Type of company:

PAYMENT

Address invoice to:

Address:

City: Province: Postal code:

Telephone: Extension: Fax:

E-mail:

Please save the completed form before sending or printing it.