

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 \$30 cost of the medical consultation? YES NO

When necessary, does the company reimburse the purchase of products such as insecticides? 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.