

## FORM

Date: Sept.\_\_\_\_, 2020

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Title: *(Choose)* Mr. / Mrs. / Miss

Gender: *(Choose)* Male / Female

City: *(Copy)* Ottawa \_\_\_\_\_

Province: *(Choose)* BC / ON / QC

Country: *(Copy)* Canada \_\_\_\_\_