

**APPLICATION FORM  
WRITERS IN CEGEPS**

1. Name of CEGEP: \_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Person at the CEGEP responsible for writers' visits: \_\_\_\_\_
4. Office phone number: \_\_\_\_\_
5. Home phone number: \_\_\_\_\_
6. Fax: \_\_\_\_\_
7. Email address: \_\_\_\_\_
  
8. Writer requested: \_\_\_\_\_
9. Date and time set for the visit (after having confirmed with the writer in question): D \_\_\_\_/M \_\_\_\_/Y \_\_\_\_
10. Activity proposed:  lecture and reading  
 writing workshop  
 seminar

**The CEGEP undertakes to pay \$ 100 directly to the writer at the time of the visit  
and to publicize the visit:**

Signature: \_\_\_\_\_

Date: D \_\_\_\_/M \_\_\_\_/Y \_\_\_\_

You will receive confirmation by fax within a week following the receipt of your request.

Please return this application form to:  
**UNEQ – Att. : Geneviève Lauzon**  
3492, avenue Laval  
Montréal (Québec) H2X 3C8  
(514) 849-8540 ext. 225  
Fax: (514) 849-6239  
[g.lauzon@uneq.qc.ca](mailto:g.lauzon@uneq.qc.ca)