

3 Information about the resource person(s) E

Enter the information requested below for each individual you wish to designate as a resource person and specify the types of slips for which they are responsible.

Last name			First name				
<input type="text"/>			<input type="text"/>				
Telephone	Extension	Telephone (toll-free)					
<input type="text"/>	<input type="text"/>	<input type="text"/>					
Email					Language		
<input type="text"/>					<input type="checkbox"/> French <input type="checkbox"/> English		
Types of RL slip (check the appropriate box or boxes)							
<input type="checkbox"/> RL-1 slip	<input type="checkbox"/> RL-2 slip	<input type="checkbox"/> RL-3 slip	<input type="checkbox"/> RL-5 slip	<input type="checkbox"/> RL-6 slip	<input type="checkbox"/> RL-7 slip	<input type="checkbox"/> RL-8 slip	<input type="checkbox"/> RL-10 slip
<input type="checkbox"/> RL-11 slip	<input type="checkbox"/> RL-13 slip	<input type="checkbox"/> RL-14 slip	<input type="checkbox"/> RL-15 slip	<input type="checkbox"/> RL-16 slip	<input type="checkbox"/> RL-18 slip	<input type="checkbox"/> RL-21 slip	<input type="checkbox"/> RL-22 slip
<input type="checkbox"/> RL-24 slip	<input type="checkbox"/> RL-25 slip	<input type="checkbox"/> RL-26 slip	<input type="checkbox"/> RL-27 slip	<input type="checkbox"/> RL-29 slip	<input type="checkbox"/> RL-31 slip	<input type="checkbox"/> RL-32 slip	

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