

**APPLICATION FORM
WRITERS IN CEGEPS – 2008-2009**

1. Name of CEGEP: _____

3. Address: _____

5. Person at the CEGEP responsible for writers' visits: _____

6. Office phone number: _____

7. Home phone number: _____

8. Fax: _____

9. Email address if available: _____

10. Writer requested: _____

11. Date and time set for the visit (after having confirmed with the writer in question):

12. 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: _____

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

Please return this application form to:

**UNEQ – Att. : Katia Stockman
3492, avenue Laval
Montréal (Québec) H2X 3C8
(514) 849-8540 Fax: (514) 849-6239
stockman@uneq.qc.ca**

For information about eligible writers, follow the link to the online list of writers at www.qwf.org/programs or contact the Quebec Writers' Federation at (514) 933-0878.