



UNION DES ÉCRIVAINES
ET DES ÉCRIVAINS QUÉBÉCOIS

APPLICATION FORM
WRITERS IN CEGEPS

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 adress 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.