



TRANSLATION & INTERPRETATION SPECIALIST REGISTRATION FORM

Contact Name: _____
First Name _____ Last Name _____

Company: _____

Address: _____
Street _____

City _____ Province/State _____ Telephone - _____
Postal Code/Zip _____ Country _____
Primary: _____ **Secondary:** _____

Fax Number: _____ **Email Address:** _____

FEE

CATEGORY	INTRODUCTORY COST (Expires December 31, 2003)
Translation & Interpretation Business Specialist Designation	\$2,000

Note: This fee is over and above that paid for voting membership dues.

Payment can be made by corporate cheque, payable to: **ACCTI Inc.**
306-421 Bloor St. East
Toronto, Ontario
M4W 3T1

Regular cost will be in effect from January 1, 2004 onward. No exceptions. Please visit www.accti.org to review the applicable fees.

306-421 Bloor St. E., Toronto, Ontario M4W 3T1

Toronto Contact info:

Paul Penzo
ACCTI President
416-975-5000 (tel.) and 416-975-0505 (fax)
english_info@accti.org

Montreal Contact info:

Maryse Benhoff
ACCTI Vice-President
514-376-7919 (tel.) and 514-376-4886 (fax)
info_francais@accti.org



**ACCTI REQUIREMENT FOR ACCREDITATION FOR
TRANSLATION & INTERPRETATION SPECIALIST**

The following checklist must be completed and duly signed indicating corporation's adherence to membership criteria.

"ACCTI - Translation & Interpretation Business Specialist" Quality Standard:

YES NO

- Member has enclosed a duly filled out, signed and witnessed copy of the "Mandatory Criteria - All Specialties" registration form.
- Member has enclosed a duly filled out, signed and witnessed copy of the "ACCTI – Translation Business Specialist" registration form.
- Member has enclosed a duly filled out, signed and witnessed copy of the "ACCTI - Interpretation Business Specialist" registration form.

I, _____, of _____, hereby acknowledge my firm's
Full name Company Name

compliance to all of the above-listed criteria, and use of the ACCTI Translation & Interpretation Specialist logo below will serve to attest our continued compliance of same.

Signed at _____, _____ this _____ of _____.
City Province/Territory day month year

Print - Authorized Signing Officer

Signature - Authorized Signing Officer

Witness



306-421 Bloor St. E., Toronto, Ontario M4W 3T1

Toronto Contact info:
Paul Penzo
ACCTI President
416-975-5000 (tel.) and 416-975-0505 (fax)
english_info@accti.org

Montreal Contact info:
Maryse Benhoff
ACCTI Vice-President
514-376-7919 (tel.) and 514-376-4886 (fax)
info_francais@accti.org