



READY TOUR

Refugee hearing orientation session for agencies

Registration form

1. Full name: First Name _____ Last name _____

2. Agency you are involved with:

3. Position at your agency:

4. Contact information: Phone number _____ E-mail contact:

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5. Phone number : _____

6. Please explain in a few words the reason why you want to participate on the Ready Tour session for agencies: _____

Fill out the form and send it to Carolina Teves: cteves@fcjrefugeecentre.org