

**CTTIC CERTIFICATION EXAMINATION IN TRANSLATION
APPLICATION FORM**

LAST NAME: _____

GIVEN NAMES: _____

STREET ADDRESS: _____

CITY: _____ POSTAL CODE: _____

TELEPHONE NUMBERS: _____ (Work) _____ (Home)

LANGUAGE COMBINATION: From _____ to _____
(Source language) (Target language-Specify dialect)

EXAMINATION CENTRE: REGINA SASKATOON

**THE \$150 REGISTRATION FEE MUST BE RECEIVED BY THE ATIS EXAMINATION CO-
ORDINATOR NO LATER THAN 4:30 p.m. on November 13, 2009.**

DATE: _____ SIGNATURE: _____

PLEASE RETURN FORM AND CHEQUE (made payable to ATIS) TO:

ATIS Examination Coordinator
ATIS Office
2341 Broad St.
Regina, SK
S4P 1Y9

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Please keep this section for your records. Thank you.

ONLY ATIS MEMBERS IN GOOD STANDING ARE ELIGIBLE TO WRITE THE CTTIC
CERTIFICATION EXAMINATION IN TRANSLATION.

THE CTTIC CERTIFICATION EXAM will take place on the morning of Saturday, March 6, 2010
(time and place to be announced at a later date). Preparatory sessions will be arranged at a later
date.

Further information is available by contacting: Nancy Senior
ATIS/CTTIC Examination Coordinator
Phone: 306-652-5683

e-mail: nancy.senior@usask.ca