



2020-2021 CPIC Membership Registration Form

Organization: _____

Address: _____ City: _____

Province: _____ Country: _____ ZipCode: _____

Type of Organization:

Photonic Industry
 Non-photonic industry
 Government
 University
 Association
 Service Company
 Investors
 Others: _____

Contact Person:

Name: _____ First Name: _____

Title: _____ Tel.: _____

E-Mail: _____

Type of Membership:

<input type="checkbox"/>	Premier Member (more than 200 employees)	(\$5 000)	\$ _____
<input type="checkbox"/>	Premier Member (less than 200 employees)	(\$3 000)	\$ _____
<input type="checkbox"/>	Affiliate Member (between 50 and 100 employees)	(\$1 500)	\$ _____
<input type="checkbox"/>	Affiliate Member (Less than 50 employees)	(\$500)	\$ _____
<input type="checkbox"/>	Individual Member	(\$100)	\$ _____

Payment:

Registration : _____	
TAX : _____	
Total : _____	

TAX	
Ontario	HST 13%
Quebec	GST 5% PST 9.975%
Others	GST 5%

Signature: _____ Name: _____ Date: _____

Please complete the form and send it to CPIC by mail or E-Mail (you will receive an invoice):

Canadian Photonic Industry Consortium
 2375 rue de la Terrasse, #2104
 Pav. Optique-photonique, Université Laval
 Québec, QC, G1V 0A6
 E-Mail : robert.corriveau@photonscanada.ca