



**Brandon Community Language Centre
Interpreter Booking Form**



Date of Call	
Time	
Contact Person	
Department/Office	
Phone No.	
Fax No.	

Appointment Details

Language	
Date	
Time	
Location	
Client's Name	

Billing Details

Billing Address	
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<p>Remarks:</p> <p><i>Please send completed form to: bclc@westmanimmigrantservices.ca fax to 725-4786</i></p>	<input type="checkbox"/> Booked with _____ (name of interpreter)
	On _____ (date and time)
	<input type="checkbox"/> Cancelled due to _____
	<input type="checkbox"/> Unmet due to _____

By: _____ Staff Name/Initial
