

| WIS Language Centre Interpreter Request Form | |
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| Requester's Information | |
| Date of Request: | |
| Name of Organization: | |
| Contact Person: | |
| Phone: | |
| Fax: | |
| Email: | |
| Billing Address: | |
| Additional Billing Information: | |
| Booking Details | |
| Language(s) Required: | |
| Date/Time of Appointment: | |
| Duration: | |
| Type of Interpretation: | In Person Virtual (MS Teams/Zoom) Phone |
| Client Name: | |
| Appointment is with: | |
| Location (if in person): | |
| Additional Information about the Appointment: | |
| Message Relay Request | |
| Message Relay Required: | Yes No |
| Client Phone Number: | |
| Message to be Relayed: (attach additional page if needed) | |

This form is a request only, and is subject to Interpreter availability

Please send completed form to booking@westmanimmigrantservices.ca