

OFF-CAMPUS SEMINAR ATTENDANCE FORM

Department of Biochemistry

SEMINAR ATTENDED

Name of Speaker: _____

Date: _____ Location: _____
(RI-MUHC, Lady Davis, MacDonald)

STUDENT

Name: _____

Student ID: _____ Signature: _____

SEMINAR HOST

Name: _____
(Must be a Faculty Member)

Date: _____ Signature: _____

Return signed form by e-mail to: Christine.Laberge@mcgill.ca

or mail to: Dept. of Biochemistry
McIntyre Building, Room 905A
3655 Promenade Sir William Osler
Montreal, QC H3G 1Y6