



Date

Users' committee **WITH** In-Patients' committee Users' committee **WITHOUT** In-Patients' committee

GENERAL INFORMATION

Name of committee					
Mailing address				Office	
City		Province	Québec	Postal code	
Telephone		Fax			
Administrative region					
E-mail/Committee*					
Name of institution					

CHAIRPERSON

CONTACT PERSON

Yes No

Name		Name	
Telephone		Telephone	
Mobile phone		Mobile phone	
E-mail		E-mail	

SIGNATURE

Signature		Date	
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* This e-mail will be used to get access to the members section of the new RPCU website. Each committee will have its username and its own password.

In-Patients' committees

In-Patients' committee					
Mailing address				Office	
City		Province	Québec	Postal code	
Telephone			Other Telephone		
E-mail/Committee*			Fax		
Chairperson			E-mail/Chairperson		

In-Patients' committee					
Mailing address				Office	
City		Province	Québec	Postal code	
Telephone			Other Telephone		
E-mail/Committee*			Fax		
Chairperson			E-mail/Chairperson		

In-Patients' committee					
Mailing address				Office	
City		Province	Québec	Postal code	
Telephone			Other Telephone		
E-mail/Committee*			Fax		
Chairperson			E-mail/Chairperson		

In-Patients' committee					
Mailing address				Office	
City		Province	Québec	Postal code	
Telephone			Other Telephone		
E-mail/Committee*			Fax		
Chairperson			E-mail/Chairperson		

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Regroupement provincial des comités des usagers
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