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