

REQUEST FOR SERVICE

(Electronic format)

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Title of document: <input type="checkbox"/> Translation from English to French <input type="checkbox"/> Proofreading <input type="checkbox"/> Update Number of words:	French Language Office use only: French Title: Code: Type: Date Translation Returned: Name of Translator: Proofread by: Share document: Yes <input type="checkbox"/> No <input type="checkbox"/>
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Date translation is required:

(A specific date must be given. Please allow as much time as possible)

Agency:

Department / Branch / Program:

Contact person *(for general/administrative questions)*:

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Who is the intended audience for this document?

How will the translated document be made available (Drop down menu below)?

What is the source of the text (Drop down menu below)?

Translation Instructions:

- Provide equivalents for titles specific to your agency (or indicate if they have never been translated before).
- Explain any abbreviations and acronyms.
- Ensure that only the final version of the document is submitted for translation.
- If retyping or reformatting translations, please send proof for final approval (see *Translation Service Guidelines*).

Conditions of Translation Services:

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- Translated documents should be equal in quality and availability to the English version.
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Name:

Date:

PLEASE SEND YOUR REQUEST AND DOCUMENT VIA E-MAIL TO:

translations.north@accueilfrancophone.com

French Language Health Services, L'Accueil francophone

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