

## APPLICATION FORM

### SPONSOR

Name of the artistic organization

Address

Postal code

Telephone

Fax

Email

Contact person

Title

Signature

### NOMINEE

#### A. COMPANY

LARGE ENTERPRISE

SME (250 EMPLOYEES OR LESS)

Corporate name

Address

Postal code

Telephone

Fax

Email

Contact person

Title

Signature

#### B. INDIVIDUAL

ARTS/BUSINESS PERSONALITY

BUSINESS VOLUNTEER

Last name

First name

Title

Address

Postal code

Telephone

Fax

Email

If you wish to nominate several candidates, please photocopy the Application Form.

Please send this form and the required documents no later than **March 19, 2012** to:

Prix Arts-Affaires de Montréal  
Conseil des arts de Montréal  
Édifce Gaston-Miron  
1210 Sherbrooke Street East  
Montréal, Quebec H2L 1L9

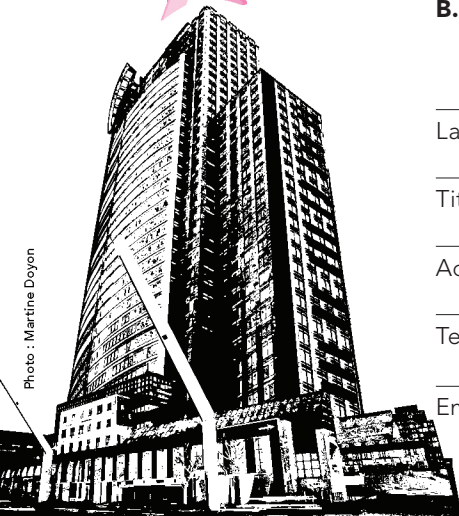


Photo : Martine Doyon

