

# REPLY FORM

## Risk Management for Tetrachlorobenzenes and Pentachlorobenzene (TeCBs and QCB)

*Please check the appropriate box:*

<input type="checkbox"/>	I wish to participate or to be informed on the development of the risk management instrument for Tetrachlorobenzenes and Pentachlorobenzene (TeCBs and QCB).
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<input type="checkbox"/>	I do not wish to participate, please remove my name from the mailing list. (Note: You will <b>not</b> receive other future mailings for TeCBs and QCB)
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*Please complete the following contact information:*

**Name** \_\_\_\_\_

**Organization/Position** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Tel. No** \_\_\_\_\_ **Fax No.** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Association(s)** \_\_\_\_\_

*Please circle your preferred method of correspondence:    E-mail    Mail    Fax*

**Please mail, fax, or e-mail your response as soon as possible to:**

Sarah Cumberbirch  
Chemicals Control Branch  
Environment Canada  
Place Vincent Massey  
351 St. Joseph Blvd., 12<sup>th</sup> Floor  
Gatineau, QC K1A 0H3

**Email: Sarah.Cumberbirch@ec.gc.ca**

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