

Change of Professional Address Form

You are responsible for informing Arete of any change of name, address or other status.

CONTACT INFORMATION:

First name: _____ Last name: _____
 Primary phone: _____ Website: _____
 Email: _____

Address #1 Company name: _____

Billing address Office 1 Office 2 Home office
 Street: _____ City/town: _____
 Province: _____ Postal code: _____

Address #2 Company name: _____

Billing address Office 1 Office 2 Home office
 Street: _____ City/town: _____
 Province: _____ Postal code: _____

Address #3 Company name: _____

Billing address Office 1 Office 2 Home office
 Street: _____ City/town: _____
 Province: _____ Postal code: _____

Office Features:	Office 1		Office 2		Home office	
Soundproof	N/A		N/A		Yes	No
Business licence	Yes	No	Yes	No	Yes	No
Wheelchair access	Yes	No	Yes	No	Yes	No
Free parking	Yes	No	Yes	No	Yes	No
Private entrance	N/A		N/A		Yes	No
Pets	N/A		N/A		Yes	No

Availability:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning (before 12 p.m.)							
Afternoon (12-5 p.m.)							
Evening (after 5 p.m.)							

If you have multiple office locations, please specify which days of the week you are at each location:

Today's date: _____

PLEASE SEND A NEW VOID CHEQUE IF YOUR BANKING INFORMATION HAS CHANGED. **Please email completed form to clinical@aretehr.com or fax to 1-403-252-6161.**