

## 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 [network@aretehr.com](mailto:network@aretehr.com) or fax to 403-252-6161.