



GLOBAL[®] TRANSLATIONS & INTERPRETERS SERVICES INC.

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INTERPRETATION QUOTATION REQUEST FORM

KINDLY FILL OUT THIS FORM USING BLOCK LETTERING AND A BLUE OR BLACK INK PEN. THANK YOU.

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Contact name: (Mr. / Ms.) _____

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Language(s) and/or dialect(s) required: 1) _____

Date(s) and time(s) of the appointment: 1) _____

Approximate length of time the interpreter will be required: 1) _____

Type of matter (e.g. a doctor's appointment): _____

Nature of the matter (e.g. a physical examination with a doctor): _____

Location setting (e.g. a doctor's office): _____

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