





400 Hunt Club Road  
Ottawa, Ontario K1V 1C1  
(613) 741-0962  
Fax: (613) 741-2144

DOCKET NO. : \_\_\_\_\_ DATE OUT: \_\_\_\_\_

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| <input type="checkbox"/> PDF/Insite PROOF | <input type="checkbox"/> REVISED PDF/Insite PROOF |
| <input type="checkbox"/> CONTENT PROOFS   | <input type="checkbox"/> REVISED CONTENT PROOFS   |
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| <input type="checkbox"/> SAMPLES          | <input type="checkbox"/> FOLDING PROOF            |
| <input type="checkbox"/> OTHER            |   |

Proofs OUT    Proofs BACK

	
	CSR













**PROOF DUE BACK** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
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Please indicate required changes. Each change must correspond to the number on the proof.  
*If more changes are required, please attach a second page.*

Change 1: _____	AA	PE
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____		
Change 2: _____	<input type="checkbox"/>	<input type="checkbox"/>
_____		
Change 3: _____	<input type="checkbox"/>	<input type="checkbox"/>
_____		
Change 4: _____	<input type="checkbox"/>	<input type="checkbox"/>
_____		
Change 5: _____	<input type="checkbox"/>	<input type="checkbox"/>
_____		
Change 6: _____	<input type="checkbox"/>	<input type="checkbox"/>
_____		

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AA = AUTHOR'S ALTERATIONS    PE = PRINTER'S ERROR

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

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NO. DE DOSSIER: \_\_\_\_\_ DATE DE SORTIE: \_\_\_\_\_

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| <input type="checkbox"/> ÉPREUVES DIGITALE      | <input type="checkbox"/> RÉVISIONS D'ÉPREUVES DIGITALE      |
| <input type="checkbox"/> ÉPREUVES COULEUR       | <input type="checkbox"/> RÉVISIONS D'ÉPREUVES COULEUR       |
| <input type="checkbox"/> ÉCHANTILLONS           | <input type="checkbox"/> ÉPREUVES PLIER                     |
| <input type="checkbox"/> AUTRES                 |   |

SORTIE D'ÉPREUVE	RETOUR D'ÉPREUVE
	
	CSR

**DATE DE RETOUR DES ÉPREUVES** \_\_\_\_\_

**Commentaires:** \_\_\_\_\_  
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\_\_\_\_\_

**CHANGEMENTS:**

Veuillez S.V.P. indiquer les changements requis. Chaque changement doit correspondre au numéro sur l'épreuve.  
*Si nécessaire, ajoutez une deuxième page.*

Changement 1: \_\_\_\_\_

AA	PE
<input type="checkbox"/>	<input type="checkbox"/>

Changement 2: \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>
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Changement 3: \_\_\_\_\_

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Changement 4: \_\_\_\_\_

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











Changement 5: \_\_\_\_\_

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Changement 6: \_\_\_\_\_

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**VEUILLEZ S.V.P. SIGNER ICI**

☐ ÉPREUVE APPROUVÉE TELLE QUELLE

Signature: \_\_\_\_\_ Date: \_\_\_\_\_