

PARTICIPANT REGISTRATION FORM

REGISTRATION INFORMATION

First Name: _____ Last Name: _____
 Company/Gov't Agency/University: _____
 Address: _____ City: _____
 Province: _____ Postal Code: _____ Tel: _____ Fax: _____
 E-mail: _____

REGISTRATION FEES

	CMC/AMI Member Rate	Non-member Rate
EARLY BIRD RATE (until September 10, 2010)	<input type="checkbox"/> \$395	<input type="checkbox"/> \$595
REGULAR RATE (after September 10, 2010)	<input type="checkbox"/> \$495	<input type="checkbox"/> \$695

PAYMENT (All fees payable in Canadian currency. Payment must accompany form)

Registration fee		\$	
13% HST (CMC HST #: R106863244)	+	\$	
TOTAL	=	\$	

CANCELLATION POLICY: Refunds subject to 20% administration fee, and issued only if written notification is received by **September 16, 2010**. Substitutions may be made at any time. Refunds will be processed following the Symposium.

Method of payment: Visa MasterCard Cheque (payable to: Canadian Meat Council)

Cardholder Name: _____ Signature: _____
 Credit Card #: _____ - _____ - _____ - _____ Exp. (mm/yy): _____

Send payment & completed form by e-mail: alissa@cmc-cvc.com; fax: (613) 729-4997;
 or mail: Canadian Meat Council, 305-955 Green Valley Cr., Ottawa ON K2C 3V4
 Questions: tel. (613) 729-3911 ext. 23

Hotel reservations: contact the Sheraton Gateway, Toronto Airport at 1-800-325-3535 and provide the group name Canadian Meat Council by Sept. 4, 2010 to receive the appropriate rate (\$159). A preferred rate for internet access in the rooms of \$9.95 is available to our group. Parking is not included.