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## Farm & Food Care 2018 Annual Conference and Speakers' Program Registration Form

**Please complete all fields**

Name: \_\_\_\_\_

Name of Attendee(s): \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

|   |   |
|---|---|
| <p><b>Number of tickets:</b></p> <p><i>Early Bird Prices (Available until March 25)</i></p> <p>_____ @ <b>Member Rate: \$75 + HST= \$84.75</b></p> <p>_____ @ <b>Non-Member Rate: \$100 + HST = \$113</b></p> <p><i>Prices (After March 25)</i></p> <p>_____ @ <b>Member Rate: \$100 + HST= \$113</b></p> <p>_____ @ <b>Non-Member Rate: \$125 + HST = \$141.25</b></p> | <p><b>Method of payment:</b></p> <p><input type="checkbox"/> Invoice</p> <p><input type="checkbox"/> Credit Card</p> <p><input type="checkbox"/> Cheque<br/>(payable to <b>Farm &amp; Food Care Ontario</b>)</p> <p><i>Amount enclosed:</i> _____</p> |
|---|---|

**If you selected Credit Card, please complete the following fields:**

Cardholder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Card Type:    VISA             MasterCard

Cardholder Signature: \_\_\_\_\_

Receipt Required:    Yes    No

**Please return form to [admin@farmfoodcare.org](mailto:admin@farmfoodcare.org)**