



Les perspectives agroalimentaires 2015

Tuesday, 21st april 2015

Registration Form

PLEASE, print legibly in block letters.

First Name : _____

Last Name : _____

Co/organization : _____

Position : _____

Professional corporation : _____

Producer # : _____

Address: _____

Please check Home address Work address Other

Postal code : _____ Province : _____

Phone number: _____

E-mail: _____

If you wish to receive a confirmation for your inscription, please write your E-mail address.

Interest* or production type _____

Exemples : organic culture, agroecology, agroforestry, agrométéorologie, agrotourism, starting/transfert, market economies, energy, geomatics, management, machinery and equipment, marketing, soil, etc.

Do you need a helmet for the translation of the confence(s)?

No Yes

No registration by telephone or by E-mail will be accepted.

No refunds will be made. If you are registered and can't be present at the event, please contact the customer service.

I confirm I have read the selling rules of CRAAQ and I accept them.

Signature : _____

TPS: 867752578

TVQ: 1023215531

Customer Service : 418 523- 5411 or 1888 535-2537
Fax 418 644-5944 • E-mail: client@craaq.qc.ca

Until
April 7, 2015

After
April 7, 2015

I register (lunch included)¹

Regular \$195 + tx = \$224.20 \$235 + tx = \$270.19

I register for the webdiffusion*

Regular \$155 + tx = \$178.21

¹Take advantage of the discount by registering by April 7, 2015, the postmark, the date of dispatch by fax or online registration as proof of authentication.

**It is forbidden to use the link from a individual registration for the Webdiffusion for group viewing. Use the PDF document on line for a group registration.*

Do you have a food intolerance or allergy (peanuts, gluten, eggs, etc.) or a major dietary restrictions?

No Yes If yes, please specify: _____

Important : It is possible, depending of the supplier, that we won't be able to respond to this request and you will be notified. Also, if you have not provided

Please fill in the form and return it with **full payment** to the following address:

CRAAQ - Les Perspectives agroalimentaires 2015

Édifice Delta 1, 2875, boulevard Laurier, 9^e étage

Québec (Québec) G1V 2M2

Or by fax: 418 644-5944

Payment

Check or postal order payable to the CRAAQ, dated from the day of shipment

Visa or MasterCard is obligatory for registration by fax

Card number : _____

Expiration date : _____

CVV code (3 numbers at the back of the card): _____

Card holder signature : _____

Signature : _____