2022 Western Canadian Dairy Seminar - Registration Form

Name** _____ Company** _____

Address _____

City/Town** _____ Prov/State** _____ Postal Code _____ Country _____

Email _____ Phone (____) _____

Affiliation: Producer ❒ Industry ❒ Government ❒ Other ❒ _____

Registration Fees (please list additional people on a separate sheet or email us the details)

- ****Note:** This information will appear on your **name tag** at the Seminar.
- **The registration fee includes** a copy of the proceedings (USB), five nutrition breaks, two evening receptions, three breakfasts, and two luncheons. All fees include GST.
- For **cancellations** received prior to **February 26, 2022**, registration fees will be refunded minus a $50 administration fee. Cancellations received **after February 26 will not be refunded, but can be substituted.** If you are unable to attend due to illness, registration can be substituted or deferred to 2023.
- For **more information** please contact **Kira Hames**, Conference Coordinator at (780) 293-7440 or wcds@ualberta.ca

	Cost		#		Total
Early Registration (payment must be **received by January 21, 2022**)	$295	x		=	
Late Registration (payment **received after January 21, 2022**)	$345	x		=	
One day registration (specify which day) - Wednesday ❒ - Thursday ❒	$170	x		=	
Friday morning only	$100	x		=	
Student Registration	$85	x		=	
Banquet - Wednesday evening *Please let us know of any special food requirements	$60	x		=	
Proceedings – One copy **included** with registration.					
Additional proceedings on USB	$15	x		=	
	Total fee enclosed				

Please read each statement and check box to acknowledge:

❒ I acknowledge that I am aware of, and freely accept the risk of exposure to COVID-19

❒ I acknowledge and agree to follow all Alberta Health Services and University of Alberta restrictions for infection prevention and control as required at the time of the event, including proof of full vaccination, social distancing, hand hygiene, and wearing personal protective equipment (i.e. masks) to protect myself and others against COVID-19

❒ I acknowledge and agree that I will follow health authority self-isolation guidelines and stay home if I feel ill

❖ How did you hear about the WCDS? (e.g. website, word-of-mouth, advert): _____

❖ Is this your first time attending the WCDS?: Yes ___ No ___ If 'No', how many times have you attended?: ___

❒ **Cheque in mail**	***Or pay by*** Visa # _____
made payable to	MasterCard # _____ AMEX # _____
"Western Canadian Dairy Seminar"	Print Name on Card _____ Expiry Date: _____
	Signature: _____ CVS code (on back of card): _____

Register and pay online at www.wcds.ca scan and email completed form to wcds@ualberta.ca, or fax completed form to (780) 492-5771, or mail to: Western Canadian Dairy Seminar, Department of Agricultural, Food and Nutritional Science, 4-10 Ag/Forestry Centre, University of Alberta, Edmonton, AB T6G 2P5 Canada