

2024 Western Canadian Dairy Seminar - Registration Form

Name** _____ Company** _____

Address _____

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

Email _____ Phone () _____

Affiliation: Producer Industry Vet Gov't Academic Student 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, 2024**, 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 2024.
- For **more information** please contact **Kira Hames**, Conference Coordinator at (780) 492-3236 or wcds@ualberta.ca

| | Cost | # | Total |
|---|-------|---|-------|
| Early Registration (payment must be received by February 9, 2024) | \$320 | x | = |
| Late Registration (payment received after February 9, 2024) | \$370 | x | = |
| One day registration (specify which day) - Wednesday <input type="checkbox"/> | \$170 | x | = |
| - Thursday <input type="checkbox"/> | | | |
| Friday morning only | \$100 | x | = |
| Student Registration | \$85 | x | = |
| Banquet - Wednesday evening *Please let us know of any special food requirements | \$75 | x | = |
| Proceedings – One copy included with registration. | | | |
| Additional proceedings on USB | \$15 | x | = |
| Total fee enclosed | | | |

❖ 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?: ___

| | |
|--|---|
| <input type="checkbox"/> Cheque in mail made payable to "Western Canadian Dairy Seminar" | Or pay by Visa # _____ MasterCard # _____ AMEX # _____ Print Name on Card _____ Expiry Date: _____ Signature: _____ CVS code (on back of card): _____ |
|--|---|

Register and pay online at www.wcds.ca

OR scan and email completed form to wcds@ualberta.ca, OR fax completed form to (780) 492-4265, 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