REGISTRATION FORM

Surname: _____ First Name: _____
Organization / Business / Farm Name:_____
Address: _____ Province: _____ Postal Code: _____
Telephone: _____ Email: _____
Name of additional farm unit members being registered:

_____ _____

_____ _____

Food Allergies:

_____

Registration Fees:

Single Registration $150/person SubTotal:_____
Farm Unit Registrations $135 / person # of people _____ SubTotal:_____
(Multiple people from the same farm)
Kids Program $ 75/child # of children _____ SubTotal:_____
(includes Saturday and Sunday)

Registration Fees: _____
Make a donation to support Holistic Management Activities: _____
Make a donation for a young farmers to attend the conference ($150)_____

TOTAL: _____

Payment: To register, submit your registration form by mail to:
Box 15, Shoal Lake, MB R0J 1Z0
Please make cheques out to Holistic Management Canada.