# Careers in Agriculture

November 6th 2014

**|** REGISTRATION FORM **|**

|  |  |
| --- | --- |
| **School Name:** |  |
|  |  |
| **School Board:** |  |
|  |  |
| **Teacher Name:** |  |
|  |  |
| **# of Students:** |  |
|  |  |
| **Email Address:**  |  |

Please register teams by filling in the requested information below. **Please note that you can only register a maximum of 50 students.** If space permits, more can be added closer to the event.

### |Workshops|

Please list your preference for each certification and training session below. A final assignment of workshops will be sent to you prior to the event.

**First choice**

|  |  |  |  |
| --- | --- | --- | --- |
| Workshop Name: |  | # of Students: |  |
|  |  |  |  |
| Workshop Name: |  | # of Students: |  |

**Second choice**

|  |  |  |  |
| --- | --- | --- | --- |
| Workshop Name: |  | # of Students: |  |
|  |  |  |  |
| Workshop Name: |  | # of Students: |  |

Please note any special dietary requests below:

Please send the completed form to: oacliasn@uoguelph.ca. Once the form is sent your registration will be confirmed within one (1) business day.

**Cancellation Policy:** A minimum of five (5) business days’ notice must be provided to OAC staff in the event of a cancellation or significant change in attendance. Failure to do this will result in an invoice sent to the school.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |