

Third McGill Conference on Global Food Security

October 19-21, 2010
McGill University, Montreal, Canada



REGISTRATION FORM

Space is limited.

Registration deadline: October 12, 2010; no refunds will be issued after September 21, 2010

ATTENDEE INFORMATION

Please print legibly. Please complete reverse for each additional ticket requested/purchased.

- I will attend: Free Public Lecture on October 19 at 17:00 (limit of 2 tickets)
 Conference on October 20-21 (please complete fee payment section below)

Prefix (Mr., Ms., Dr., etc.): _____ First Name: _____ Last Name: _____

Company/Organization: _____ Position: _____

Mailing Address: _____

City: _____ Province/State: _____ Postal Code: _____

Country: _____

Telephone number (Include appropriate country, city, and area codes): _____

Mobile Phone (Include appropriate country, city, and area codes): _____

Fax (Include appropriate country, city, and area codes): _____

Email address: _____

REGISTRATION

Registration Fees (Canadian dollars): Conference October 20-21, 2010 only

Please fill in reverse for additional guests.

Registration includes conference sessions, lunches, breaks and networking cocktail.

Meals (indicate one): Regular Vegetarian Dietary restrictions (please specify): _____

Student (proof will be required at door) _____ x \$ 50. Total: \$ _____

General Admission _____ x \$300. Total: \$ _____

Registration will be confirmed within 7 working days by (indicate preference): Email Fax

PAYMENT INFORMATION

Cheque (payable to "McGill University") Money order (payable to "McGill University")

If you wish to pay by credit card (MasterCard or Visa only), please register online or contact us at globalfoodsecurity@mcgill.ca

COMPLETE ALL REQUIRED INFORMATION AND MAIL THIS FORM AND YOUR PAYMENT TO:
McGill Conference on Global Food Security
c/o Kim Reany, Dean's Office
Faculty of Agricultural and Environmental Sciences, McGill University, Macdonald Campus,
21111 Lakeshore Road, Ste Anne de Bellevue QC H9X 3V9 CANADA

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ADDITIONAL GUESTS

GUEST 1: Free Public Lecture Conference on October 20-21

Prefix (Mr., Ms., Dr., etc.): _____ First Name: _____ Last Name: _____

Company/Organization: _____ Position: _____

Email address: _____

For Conference attendees only:

Meals (indicate one): Regular Vegetarian Dietary restrictions (please specify): _____

GUEST 2: Free Public Lecture Conference on October 20-21

Prefix (Mr., Ms., Dr., etc.): _____ First Name: _____ Last Name: _____

Company/Organization: _____ Position: _____

Email address: _____

For Conference attendees only:

Meals (indicate one): Regular Vegetarian Dietary restrictions (please specify): _____

GUEST 3: Free Public Lecture Conference on October 20-21

Prefix (Mr., Ms., Dr., etc.): _____ First Name: _____ Last Name: _____

Company/Organization: _____ Position: _____

Email address: _____

For Conference attendees only:

Meals (indicate one): Regular Vegetarian Dietary restrictions (please specify): _____

GUEST 4: Free Public Lecture Conference on October 20-21

Prefix (Mr., Ms., Dr., etc.): _____ First Name: _____ Last Name: _____

Company/Organization: _____ Position: _____

Email address: _____

For Conference attendees only:

Meals (indicate one): Regular Vegetarian Dietary restrictions (please specify): _____
