

38th Annual IPM Symposium REGISTRATION FORM

THIS FORM MAY BE COPIED. PLEASE PRINT CLEARLY.

FIRST NAME _____ LAST NAME _____

BUSINESS NAME _____

BUSINESS ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

TELEPHONE _____ FAX _____

E-MAIL _____

PLEASE PROVIDE YOUR HOME ADDRESS SO WE CAN KEEP YOU INFORMED ON NEW ISSUES AND LEGISLATION

HOME ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

LOCATION ATTENDING: ☐ **BARRIE** ☐ **LONDON** ☐ **TORONTO** ☐ **OTTAWA**

REGISTRATION FEES:

Before Feb. 14, 2003 with payment: \$50/ea. \$ _____
(Confirmations are not mailed out).

SUBSCRIPTION SPECIAL: (optional)

One-year subscription to *Horticulture Review*

50% OFF regular price of \$32.10: **\$16.05** (GST Included) \$ _____

Please indicate your Primary area of business on reverse side.

On-site Registration: \$65 ea. **TOTAL \$** _____

Student Registration: \$25 ea. (must be registered by the school)

PAYMENT: Registration forms must be accompanied with payment.

DO NOT SEND CASH. Prices include applicable taxes. Sorry, no refunds.

☐ Cheque
(Payable to
**Landscape
Ontario
IPM
Symposium**)

Card Number _____

/ _____
Expiry Date Name on Card

☐ VISA

☐ MasterCard

Cardholder Signature _____

**Please mail this form and payment to address on reverse side
or fax with Visa or MasterCard payment information to:
Fax: 1-800-628-8838 Tel: 1-800-661-5319**