

This is not electronic registration. Complete this PDF on your screen, or print to fill out by hand. Please copy and fax or mail the form to the registration office with your payment.

Name (to appear on delegate badge)

Mr.

Mrs.

Ms.

first:

last:

company name:

address:

city:

province/state:

country:

postal/zip code:

tel: ()

fax: ()

email:

arrival date:

departure date:

hotel:

Payment Information

Visa

MasterCard

Amex

Other

card #:

expiration (mm/yy): /

name of cardholder (as appears on card):

All information is mandatory.

Please note that delegates' email address will be available to sponsors.

Please send cheque and registration to:

ShowCanada Registration
13 Avenue Brien
Laval, Quebec H7N 3L7