



FAX TO 519-826-4224

OSCIA ANNUAL MEETING

February 3 & 4, 2009
Sheraton Fallsview Hotel
Niagara Falls, Ontario

THIS FORM **MUST** BE USED IN
ORDER TO REGISTER.

DOWNLOAD, COMPLETE, MAIL
FAX OR EMAIL
(Evelyn.Howse@ontariosoilcrop.org)

County / District : _____

The following people will be attending the OSCIA Annual Meeting:

OFFICIAL DELEGATE:

Name: _____
Position: _____

Address: _____

Phone #: _____
Fax # : _____
Email: _____

ADDITIONAL DELEGATE:

Name: _____
Position: _____

Address: _____

Phone #: _____
Fax #: _____
Email: _____

If more than one additional delegate is attending, please add second page.

By January 9, 2009, please return this completed form (with payment if applicable) to:

Evelyn L. Howse
OSCIA
1 Stone Road West
Guelph, Ontario, N1G 4Y2