**SUPERVISOR/FACULTY Registration Form for OBC 2017**

Stephen Brown

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50 Stone Rd East

Guelph, ON N1G 2W1

Please mail along with your cheque (made payable to **University of Guelph**) to:

**Registrant (Supervisor) Name:**  Click here to enter text.

**Preferred name on Name tag (if different from above):** Click here to enter text.

**Institution and Department:** Click here to enter text.

**Email address:** Click here to enter text.

**I am registering for:** Single Room ($400) Double Room ($325) Triple Room ($300) Day Rate ($130)

Name of Roommate(s) (if registering for double or triple room): Click here to enter text.

Any Dietary restrictions/concerns: Click here to enter text.

**Please List the names of HQP for whom you will be paying (either full or partial payment) – Include a separate sheet if needed:**

|  |  |  |
| --- | --- | --- |
| **HQP Name** | **Current status (please check appropriate box)** | **Amount YOU are paying** |
| Click here to enter text. | Undergrad  Masters  PhD  Post-doc  Other | $Enter payment amount here. |
| Click here to enter text. | Undergrad  Masters  PhD  Post-doc  Other | $Enter payment amount here. |
| Click here to enter text. | Undergrad  Masters  PhD  Post-doc  Other | $Enter payment amount here. |
| Click here to enter text. | Undergrad  Masters  PhD  Post-doc  Other | $Enter payment amount here. |
| Click here to enter text. | Undergrad  Masters  PhD  Post-doc  Other | $Enter payment amount here. |
| Click here to enter text. | Undergrad  Masters  PhD  Post-doc  Other | $Enter payment amount here. |
| Click here to enter text. | Undergrad  Masters  PhD  Post-doc  Other | $Enter payment amount here. |
| Click here to enter text. | Undergrad  Masters  PhD  Post-doc  Other | $Enter payment amount here. |
| Click here to enter text. | Undergrad  Masters  PhD  Post-doc  Other | $Enter payment amount here. |
| Click here to enter text. | Undergrad  Masters  PhD  Post-doc  Other | $Enter payment amount here. |

**Total Amount Enclosed (including your payment): $Total Payment Enclosed**

**Date:** dd/mm/yyyy  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**