**HQP (Student, Post-doc, other) Registration Form for OBC 2017**

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Guelph, ON N1G 2W1

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

**Registrant 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.

**Is anyone paying for part/all of your registration fee?** [ ] Yes [ ] No

If yes, please indicate their name and they amount they are contributing:

Name of Contributor: Click here to enter text.

Contributing Amount: $ Click here to enter text.

**Total Amount Enclosed: $Total Payment Enclosed**

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