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

Stephen Brown

Department of Human Health & Nutritional Sciences

University of Guelph

50 Stone Rd East

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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_