REGISTRATION FORM

Your prompt reply is appreciated for reserving meeting rooms & planning meals.
Fax to 902-894-2885 or mail this form to:

Lobster Science Workshop
c/o AVC Lobster Science Centre
550 University Avenue
Charlottetown, PE C1A 4P3
Canada

FISHERMAN/COMPANY	
Name:	
Address:	
Postal Code:	
Fax:	
Phone:	
Email:	

NAME OF ATTENDEE	Reception*	Workshop**
1	☐	☐
2	☐	☐
3	☐	☐
4	☐	☐
TOTAL # OF ATTENDEES		

*There is no charge for the reception, but please indicate those attending for planning purposes.

** Workshop prices Before Oct 21st = $35
After Oct 21st = $45

TOTAL AMOUNT DUE $

Payment: □ VISA □ MasterCard □ Cheque □ Cash

Expiry date ___/___

Card Number

Name as appears on the card