

EXHIBITORS REGISTRATION

Company Name: _____

Address: _____

State/Province: _____

Postal/Zip Code _____

Telephone _____

Fax _____

Email _____

Contact Name _____

Nature of Business _____

Names of Attendees _____

Number of 10Ft. Wide X 6Ft. Deep Booths required _____ x \$500.00

Amount Submitted \$ _____

Make cheque payable to:

North American Strawberry Growers Assoc.

Credit Card Payment: Visa _____ Mastercard _____

Card Number _____ Expiry Date _____

For Additional Information contact:

Kevin Schooley

Phone: 613-258-4587

Fax: 613-258-9129

E Mail: info@nasga.org

Mail completed Registration to

NASGA

30 Harmony Way

Kemptville, ON Canada

K0G 1J0

Or

Fax to 613-258-9129