

# SBIC 2019 | Registration Form

Same great value, same great price!

**Complete and return this form or register online at [www.saskbeefconference.com](http://www.saskbeefconference.com)**

Name: \_\_\_\_\_

Company / Farm / Ranch: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

If you are registering more than one person, please provide their full name(s) for printing of name tags.

**Conference Registration:**

	Quantity		Cost		Total
<b>Full Registration:</b> includes all meals and receptions	_____	x	\$250.00	=	_____
One day registration <b>Thursday, January 17<sup>th</sup></b>	_____	x	\$165.00	=	_____
One day registration <b>Friday, January 18<sup>th</sup></b>	_____	x	\$130.00	=	_____
<b>Student Full Registration:</b> includes all meals and receptions	_____	x	\$125.00	=	_____
Student one day registration <b>Thursday, January 17<sup>th</sup></b>	_____	x	\$80.00	=	_____
Student one day registration <b>Friday, January 18<sup>th</sup></b>	_____	x	\$45.00	=	_____

**Extra Luncheon Tickets:**

Thursday, January 17<sup>th</sup>     Friday, January 18<sup>th</sup>    \_\_\_\_\_ x \$30.00 = \_\_\_\_\_

**Extra Banquet Tickets:**

Awards Banquet Thursday, January 17<sup>th</sup>    \_\_\_\_\_ x \$55.00 = \_\_\_\_\_

<p style="text-align: center;">Guest rooms available \$139.00 at the Delta Regina Hotel until Dec 14/18 or <i>while they last!</i> <b>Book early</b> by calling 1-306-525-5255 and reference <b>Sask Beef or SBIC.</b></p>	<p style="text-align: right;"><b>Subtotal:</b> _____</p> <p style="text-align: right;"><b>GST (5%):</b> _____</p> <p style="text-align: right;"><b>TOTAL REGISTRATION FEES:</b> _____</p>
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**Completed registration forms and payment must be received by January 11<sup>th</sup>, 2019.**

**No refunds will be issued after this date.**

**Make cheques payable to SBIC and mail to Box 71 Dilke, SK S0G 1C0**

Fax completed forms to 306-488-4903 or email to [shannon.mcarton@sasktel.net](mailto:shannon.mcarton@sasktel.net).

For more information call: 306.731.7610

**METHOD OF PAYMENT (check one):**     Cheque Enclosed     VISA     MasterCard

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_