

# Pulse Days 2010 REGISTRATION FORM

## Pulse Days Participant 1

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

Farm Name / Company Name: \_\_\_\_\_

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

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

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

I prefer to attend at Saskatoon Inn

I prefer to attend at Prairieland Park

### **Permission to share information with sponsors**

Sponsors of Pulse Days 2010 would like to contact you with information about their products and services. Do you give your permission for Saskatchewan Pulse Growers to release your name, address, email and phone number to sponsors of Pulse Days 2010 for marketing purposes?

YES, I grant permission

NO, I do not grant permission

## Pulse Days Participant 2

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

Farm Name / Company Name: \_\_\_\_\_

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

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

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

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YES, I grant permission

NO, I do not grant permission

**Deadline for early registration is Friday, December 18th, 2009 at 4:30 PM**

### **Payment Enclosed:**

#### **Within SK:**

\$20 CDN x persons registered = \$

#### **Outside SK:**

\$40 CDN x persons registered = \$

### **PAYMENT OPTIONS**

(Payment by cheque or credit card number must accompany this form and be **RECEIVED** by Dec. 18th. Sorry, no refunds.)

MasterCard

VISA

Cheque (please make cheque payable to Saskatchewan Pulse Growers)

\_\_\_\_\_  
Cardholder Name (PLEASE PRINT)

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiry Date

### **Return Registration Forms to:**

Pulse Days 2010

P.O. Box 32059, Erindale Postal Outlet, Saskatoon, SK S7S 1N8

Fax: 664-8626 (credit card orders only)

*You can also register by phone. Call (306) 668-9101 during office hours (8:00AM- 4:30PM, Monday to Friday).*

*Online registration is also available at [www.saskpulse.com](http://www.saskpulse.com).*