

**Registration Form must be received with payment by 4:30pm, August 30, 2019.
Please send completed form to technical@oimp.ca or via fax to (519) 763-4164.**

Competitor's Name: _____ **Title:** _____
(This name will appear on Award plaque, media releases and signage)

Phone: _____ Email: _____

Cell: _____ Work location: _____

Company Name: _____
(This name will appear on Award plaque, media releases and signage)

Company Contact: _____ **Title:** _____

Phone: _____ Email: _____

Brief Biography of Competitor: # years experience _____ # years with current employer _____

Relevant education or training: _____

REGISTRATION FEE—OIMP MEMBERS <small>*non-refundable, substitutions will be accepted for elimination round only</small>	1	@	\$175.00	
REGISTRATION FEE—NON-MEMBERS <small>*non-refundable</small>	1	@	\$350.00	
			13% HST (HST 121262919)	
			TOTAL DUE	

Payment Information:

Cheque Enclosed Cheque # _____

Cheques made payable to the Ontario Independent Meat Processors

VISA MasterCard

Card #: _____ Exp: _____

Card Holder Name: _____

Signature: _____

Electronic funds transfer or E-Transfer

By applying for registration in this Competition, you acknowledge that the Competition is governed by the "Official Competition Rules" and by signing below you state that you have read and that you agree to be bound by the "Official Competition Rules".

Signature: _____ Date: _____

