



# Delegate Registration

Canadian Produce Marketing Association  
 94<sup>th</sup> Annual Convention and Trade Show  
 April 2-4, 2019 -Palais des congrès de Montréal— Montréal, QC  
 Telephone: (+1) 613-226-4187 • Fax: (+1) 613-226-2984 • question@cpma.ca

Online registration  
**convention.cpma.ca**  
 It's quick and easy!  
 Receive reduced registration  
 prices when you register  
 on or before  
**February 22, 2019.**

Full delegates will have access to all business and social events (including meal functions), as well as access to the trade show. More information on the event can be found at [www.convention.cpma.ca](http://www.convention.cpma.ca)

## STEP 1 - Delegate Information **One registration per form.**

Your name will appear on your badge exactly as you indicate below. For members: your company name will appear as it is in your CPMA membership profile.

First Name

Last Name

Company

Address

City

Prov./State

Postal/Zip Code

Country

Telephone

Extension

Cellular

Email (email is required to receive electronic confirmation)

Do you have any food allergies/restrictions?  Yes  No Select:  Peanut/nuts  Seafood  Lactose  Vegetarian

Please note that the kitchen and catering facilities are not allergen-free facilities.

Emergency Contact Information : \_\_\_\_\_  
 Name Telephone

## STEP 2 - Company Business Type **Please check one.**

- |   |   |   |   |
|---|---|---|---|
| 1. <input type="checkbox"/> Broker                  | 4. <input type="checkbox"/> Foodservice Operator  | 7. <input type="checkbox"/> Importer/Exporter | 10. <input type="checkbox"/> Retailer         |
| 2. <input type="checkbox"/> Dietitian               | 5. <input type="checkbox"/> Grower/Packer/Shipper | 8. <input type="checkbox"/> Media             | 11. <input type="checkbox"/> Service Provider |
| 3. <input type="checkbox"/> Foodservice Distributor | 6. <input type="checkbox"/> Industry Supplier     | 9. <input type="checkbox"/> Processor         | 12. <input type="checkbox"/> Wholesaler       |

## STEP 3 - Spouse/Companion Program

Complete this section **ONLY** if you are registering for the spouse/companion program. See registration fees on next page. A spouse/companion registration must be accompanied by a full delegate registration and **is intended for the delegate's spouse or significant other only and not for additional corporate registration.**

First Name

Last Name

Email

Do you have any food allergies/restrictions?  Yes  No Select:  Peanut/nuts  Seafood  Lactose  Vegetarian

Please note that the kitchen and catering facilities are not allergen free-facilities.

