



First Name _____ Initial _____ Last Name _____

Address _____

City _____ Prov/State _____ Postal/Zip Code _____

Country _____ Telephone _____

E-Mail Address _____

Company _____

Registrants:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Registration Fee # _____ X \$99.00 _____

TOTAL _____

Would you like to receive the Profile Magazine? Yes No

Payment Information:

Payment Method: Visa MasterCard American Express

Cardholder Name: _____

Cardholder Number: _____

Expiry Date: _____ Signature of Cardholder: _____

Please send completed registration forms to:

Email: agriculture@calgarystampede.com

OR

Fax: 403.410.4549