The Second Global Workshop on Proximal Soil Sensing

May 15-18, 2011

Montreal, Quebec, Canada

Registration Form

Last name : _____

First name : _____

Institution : _____

Address: _____

_____

Country: _____

Phone: _____

E-mail: _____

Please check (√)

Need an invitation letter to obtain a Canadian visa   ( )

Registration prior to April 1, 2011   CAD$490   ( )

Registration after April 1, 2011   CAD$590   ( )

Student registration   CAD$390   ( )

Workshop dinner   CAD$110   ( )

Total   CAD$_____

Payment details: ___ Visa   ___ Master Card

    Card Number: _____ - _____ - _____ - _____

    Expiration Date: ____/____

    Cardholder's name: _____

Authorized signature: _____

To register for the workshop, please complete the form and include your payment information.

Fax the completed form to *+1-514-398-8387*. If you have any questions about an alternative method of payment, or if you have any other registration inquiries, please e-mail *viacheslav.adamchuk@mcgill.ca*, or call *+1-514-398-7657*.

Once your payment has been received and processed, you will be notified by e-mail. Your registration will be completed after your payment has been received. There will be no refunds for registration after the 1st of April. Prior to this date, requests for registration refunds will be honored after written notification of cancellation has been received. A processing fee of CAD$50 will be deducted for any registration refunds.

<u>Agreement to Participate with Waiver and Release of Liability:</u>
I release, waive, and forever discharge the organizers of the Second Global Workshop on Proximal Soil Sensing, institutions involved and their directors, officers, agents, and employees from all liability and any claim or demand I may have as a result of injury to me or my property during the Workshop. I have read this Agreement to Participate with Waiver and Release of Liability and fully understand its terms.

Signature: _____ Date: _____

If you are registering as a student, please enter the name of your supervisor, obtain his/her signature and attach a copy of your student ID card:

Supervisor's Name: _____ Signature: _____