

# registration – attendee

*\*Please only fill out one registration sheet per person.*

**In-Water and On-Shore product demonstrations will commence in the morning of Saturday, September 13th. Once all presentations are confirmed, a complete list, itinerary and times will be sent to each participant.**

## **Participant Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Participant name |  | Participant email & on-site Cell phone # |  |
| Company name |  | Company address |  |
| Company web-site |  | Company phone number |  |
| Hotel you are staying at during your stay in St. John’s |  |  |  |
| **Medical Information** | | |  |
| Please list any allergies the Town of Holyrood should be aware of.If you have a disability or have special needs and require assistance, please specify your requirements. | | |  |
| Please list any dietary restrictions you might have. | | |  |
| Please indicate any other needs and requirements not mentioned above. | | |  |

## **Please FAX form completed to +1 (709) 229-7269 or scan and email to Natacha.Fudem@holyrood.ca by Monday, September 1, 2014**

  