



**SIA PROFESSIONALISM AND ETHICS SEMINAR  
REGISTRATION FORM**

---

**Name:** \_\_\_\_\_  AAg  AAT

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Business Telephone:** \_\_\_\_\_ **Home Telephone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Payment: \$125.00 plus GST = \$131.25**

cheque (made payable to the Saskatchewan Institute of Agrologists)

Visa

MasterCard

**Card Number:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

**Cardholder Name:** \_\_\_\_\_

**Cardholder Signature:** \_\_\_\_\_

**March 24, 2012**

**Mail, Fax or Email to:**

**SIA Professionalism and Ethics Seminar**

**29 – 1501 8<sup>th</sup> St E**

**Saskatoon SK S7H 5J6**

**Fax: (306) 955-5561**

**Email: [info@sia.sk.ca](mailto:info@sia.sk.ca)**