



**PROCESS DEVELOPMENT DIVISION - FOOD UNIT  
REGISTRATION FORM  
NATURAL JUICE PROCESSING WORKSHOP**

*FEBRUARY 23-25, 2010*

Company: \_\_\_\_\_

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

\_\_\_\_\_

Tel Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

Name of participant(s): 1. \_\_\_\_\_

2. \_\_\_\_\_

**Workshop fee JA\$22,500 per person inclusive of a Registration fee of \$500 due  
February 12, 2010.**

*(If payment is by cheque, please make it payable to the Scientific Research Council)*

Enclosed cheque # \_\_\_\_\_ in the sum of

\_\_\_\_\_ for \_\_\_\_\_ participant (s).

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**