

Grease Summit Registration Form

First Name	_____	Last Name	_____
Organization	_____	Title	_____
Mailing address	_____		
City/Province	_____	Postal Code	_____
Phone	_____	Fax	_____
Cell	_____	Email	_____

Registration Payment: \$195 + GST

Book By Sept 15th for Early Bird Special \$179 + GST

TUESDAY OCTOBER 23RD, 2008

Sheraton Vancouver Wall Center

Cont. breakfast, lunch, mid morning & afternoon refreshments will be served

Payment type:

Cheque Enclosed (Payable to Environmental Biotech) Credit Card

Credit card type:

Visa MasterCard Amount \$ _____

Card Number: _____

Security Code (3 digits on back of card): _____ Expiry (mm/yy): ____ / ____

Signature _____

Billing name: _____ Organization: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

**Mail your registration
and cheque to:**

Suite 207-1801 Welch street
North Vancouver, BC V7P 1B7
Tel: 604-980-9998

**Fax your registration
with credit card info to:**

604-984-3308

Space is limited to 25 people.
Full Payment & Registration must be received to secure a space
By Friday October 16th 2008 at 5:00pm

