Registration for World Shorthorn Conference Tour 2025

Please complete form and return to myself or Shelby, Shelby.Henderson@marlintravel.ca

Names as appears on License (for Canadians only) or Passport (for International delegates):

| First | Date of Birth |
|------------------|---------------|
| Middle | |
| Last | |
| | |
| First | |
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| Mailing address: | |
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| Email address: | |

| Mobile phone number: | |
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| Passport Number: | Passport Issue date: |
| Passport Expiry date: | |
| Emergency contact Name: | |
| Emergency contact Mobile number: | |
| Dietary needs or restrictions: | |
| Hotel information per room occupancy: exar | mple 2 beds for 2 people/room |
| Deposit of CAD\$1725.00/person is required: | |
| Form of Payment: Credit card or Bank transfe | r (please circle one form of payment) |