



46th Tobacco Chemists'
Research Conference

46TH TCRC REGISTRATION FORM

Please type or print

Name: _____
First _____ Middle _____ Last _____

Institution: _____

Address: _____
Street _____ P.O. Box# _____

City _____ State _____ ZIP Code _____ Country _____

Telephone: _____ Area Code: _____

Name of spouse participating in the guest programs

Monday (Y/N) _____ Tuesday (Y/N) _____

Advance Registration Fee: (prior to August 10) \$ 170.00 _____

Late Registration Fee: (after August 10) \$ 185.00 _____

_____ Extra banquet tickets @ \$ 40.00 _____

TOTAL _____

Send this registration form, along with payment, to address noted below in attached envelope. Enclose a cheque or international money order payable in Canadian funds to the 46th Tobacco Chemists' Research Conference.

Mail to: Ms. Susan Mathison
Canadian Tobacco Manufacturers' Council
701-99 Bank Street
Ottawa, Ontario, Canada K1P 6B9
(613) 238-2799

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