



Providing a strong, regional voice on behalf of the salmon farming industry

AUGUST 14 - 22, 2025

REGISTRATION FORM

COMPANY NAME: _____

NAME/TITLE OF PARTICIPANT: _____

ADDITIONAL PERSONS ATTENDING: *please list any additional persons attending on a separate sheet*

ADDRESS: _____

TELEPHONE: _____ **EMAIL:** _____

PARTICIPANT RESPONSIBILITIES:

1. **FEE:** Each participant agrees to pay a non-refundable fee

\$1,100 + HST = \$1,265 x _____ Total Participant(s) Fee: _____

PAYMENT INFORMATION

____ Credit Card # _____ CVC: _____ Expires: _____

The participant, upon signing this agreement, releases the Atlantic Canada Fish Farmers Association, Province of New Brunswick, Rogers Consulting, Inc. and/or Sapphire Sea Farms from all liability and does hereby waive, as against them, all injuries or property losses which he/she might suffer arising out of or connected to this program or activities by the sponsoring and managing partners.

Signed: _____ Date: _____

Please email completed application form to: t.taylor@atlanticfishfarmers.com or fax 506.755.6237