

STUDENT & ACADEMIC VERIFICATION

To qualify for the Academic or Student Rate, this form must be completed and returned with the institute's official seal or on letterhead.

This certifies that (registrant's name) _____ is enrolled in an undergraduate or graduate program at (institute name) _____ and qualifies for the student/academic rate.

Department chairperson or advisor (please print): _____

Department chairperson or advisor signature: _____

Phone Number: _____ Date: _____

Mail or fax completed verification form, accompanied by the institute's official seal or on letterhead, to:

ABIC 2002 Conference Coordinator,
c/o Ag-West Biotech Inc., #101 – 111 Research Drive, Saskatoon, Saskatchewan, Canada S7N 3R2
Fax: 306-683-2264