PROFIT

Application Form

Company:	
Address:	
City:	Postal Code:
Phone:	-ax:
Website:	
Name(s) of individuals who will attend this seminar:	
Name #1:	Name #2:
Title:	Title:
Email:	Email:
Export Experience:	
Products to Export:	
US Target Markets:	
Percentage of your current sales that are Export:%	
What are your objectives in attending? ☐ Learn how to appoint a broker ☐ Learn how to address freight concerns ☐ Other:	□ Learn how to develop US labels□ Learn about FDA/US Customs regulations
Fax: 519-826-3460	Dean Post Ontario Food Exports
For more information contact: 519-826-4477 dean.post@omafra.gov.on.ca	Ministry of Agriculture, Food and Rural Affairs 1 Stone Road West, 5 S.E. Guelph, Ontario N1G 4Y2
Participation Fee: \$275.00	
Payment Information: Master Card	Visa
Card Holder Name:	
Credit Card No. Expiry Date:	
If by Cheque: make payable to the Minister of Finance (OMAFRA) and mail to Dean Post (as above)	
US Hotel Information:	
[] Single [] Double □ Yes , use credit card information as ab	[] Smoking [] Non-Smoking

