



**OLDS  
COLLEGE**

**2010 OLDS COLLEGE INTEGRATED CROP MANAGEMENT SCHOOL  
SPONSORSHIP FORM**

*July 14 & 15, 2010*

Company Name: _____	
Contact Person: _____	
Address: _____	
City/Province: _____	Postal Code: _____
Phone: _____	Fax: _____ E-mail: _____

**Sponsorship**

- Foundation Contributor @ \$2500 ..... = \$ \_\_\_\_\_
- Registered Contributor @ \$1000 ..... = \$ \_\_\_\_\_
- Certified Contributor @ \$500..... = \$ \_\_\_\_\_
- Official Supplier – In-Kind Donation: .....value \$ \_\_\_\_\_  
Description:.....  
(Lunch, Refreshment Break, Evening Social, Tent, Product, Water, etc)

**Additional Individual Registrations: VRT Workshop:** \$149.00 X \_\_\_\_\_ # of registrations ..... = \$ \_\_\_\_\_

**Innovative Farm Tour:** \$59.00 X \_\_\_\_\_ # of registrations... = \$ \_\_\_\_\_

**CSI Olds:** \$59.00 X \_\_\_\_\_ # of registrations ..... = \$ \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED** ..... = \$ \_\_\_\_\_

Name of Attendees:	
1.	5.
2.	6.
3.	7.
4.	8.

**Method of Payment:**     MasterCard                       Visa                       Cheque

Credit Card #: \_\_\_\_\_

Signature \_\_\_\_\_      Expiry Date: \_\_\_\_\_

**\*Note: Your contribution will be receipted according to Canada Revenue Agency guidelines.**

*FOR OFFICE USE ONLY*

Date Receipt Issued: \_\_\_\_\_      Receipt Amount: \_\_\_\_\_

Charitable: # \_\_\_\_\_      Non-Charitable: # \_\_\_\_\_

**Charitable Registration #BN 10779 4158 RR0001**

**Mail or Fax Completed Form and Payment to:**

School of Agriculture, Land & Environment  
Continuing Education  
Olds College  
4500 – 50 Street  
Olds, Alberta T4H 1R6  
Fax: (403) 556-4710

**For more information, please call Mary Jane Block at (403) 507-7761 or e-mail: mblock@oldscollege.ca**