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**4th Annual International Conference and**

**Exhibition of Raw Materials**

**ICERMs 2025 Registration Form**

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| Thank you for your interest in the **Annual International Conference and Exhibition for Raw Materials (ICERMs 2025)**. Please complete the form below to register for the event. |
|  |  |
| **1. Personal / Organization Information** |  |
| Full Name / Organization Name: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact Person (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Position / Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province/Territory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Postal Code: \_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Website (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **2. Attendance Type** |  |
| [ ] Industry Professional/ Associate Member |
| [ ]  Researcher / Academic |
| [ ]  Student / Young Professional |
| [ ]  Government Representative |
| [ ]  Exhibitor |
| [ ]  Sponsor |
| [ ] Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| **3. Participation Type** |  |
| [ ]  Attendee |  |
| [ ]  Speaker / Presenter |
| [ ]  Exhibitor |
| [ ]  Sponsor |
| [ ]  Panelist |
| [ ]  Media Representative |
| [ ] Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **4. Event Preferences** |
| [ ]  Conference Sessions |
| [ ]  Exhibition Area |
| [ ]  Networking Events |
| [ ]  CRMC Induction Ceremony |
| [ ]  Workshops |
| [ ] Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **5. Payment Information** |
| [ ]  Early Bird Registration - $750 (Valid until 28 February, 2025 ) |
| [ ]  Regular Registration - $1500 |
| [ ]  Student Registration - $650 |
| [ ]  Exhibitor Fee - $2500 |
| [ ]  Sponsorship Package (Please contact us for details) |
| [ ]  E-Transfer |
| [ ]  Credit Card (Visa / MasterCard) |
| [ ]  Invoice Request |
|  |  |
| **For payment instructions, please contact:** info@cacermdi.ca | +1 306 992 2198 |
| **6. Declaration** |  |
| I/we hereby register for ICERMs 2025 and agree to abide by event policies. I confirm that all the information provided is accurate to the best of my knowledge. |
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| **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **7. Submission** |
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| Please submit the completed form to info@cacermdi.ca or mail it to **P. O. Box 1263, Prince Albert, S6V 5S8, Saskatchewan, Canada**For further inquiries, contact us at**📞+1 306 900 9336 | +1 306 992 2198 📠 Fax: +1 306 993 9718 | 📞 Toll-Free: +1 866 275 0224** or visit <https://cacermdi.ca/call-for-membership/>. |
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| *We look forward to welcoming you to* ***ICERMs 2025****!* |
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