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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. | |
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| **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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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| **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 | |
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| **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](mailto: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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