

Registration Form

Broker Claims Meeting & Roundtable - May 26th, 2011

Company / Broker Office:	
Mailing Address:	Contact Name:
Telephone:	Email Address:

Please include attendee email address below in order that a confirmation can be sent - Thank You.

Attendee Name:		Attendee Email:		
(Pleas	se print)			
		Attendee		
Attendee Name: (Pleas	a print)	Email:		
(Fleas		Attendee		
Attendee Name:				
Attendee Name: (Please print)				
Registration Fee & Lunch:	Compliments of Farmers' M	utual Insura	nce Company	
Location:	Farmers' Mutual Insurance Company (Lindsay)			
	336 Angeline Street South			
	Lindsay, ON K9V 4R2	ad —		
	MacKay Training Room – 2 ⁿ	^{III} Floor		
Date:	Thursday May 26, 2011			
Time:	Registration and Refreshme	ents -	10:00 AM	
-	Ontario Auto Review Lunch (Buffet)	-	10:30 AM	
		-	12:00 Noon	
	Farmers' Claims Service For	rum -	1:00 PM	
	Meeting Concludes	-	2:30 PM	
Cancellation: Notice of cancellation is required no later than 2 days prior to the seminar date.				
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PLEASE REGISTER EARLY AS SEATING IS LIMITED				
Please return the registration form by Friday May 20 th , 2011 to the attention of Peggy Taylor by: Fax – (705) 324-2356 or Email – <u>ptaylor@farmerslindsay.com</u>				

You will receive confirmation of your registration by Email.

Farmers' Mutual G.S.T. registration # 101742443 RT

