

**Value Chain Manitoba Initiative  
Workshop Registration Form**

**Name:**

**Company:**

**Address:**

**City:**

**Postal Code:**

**Phone:**

**Fax:**

**E-mail:**

**Name of Workshop:**

**Date of Workshop:**

**Workshop location:** *(Indicate the location where you will attend the workshop)*

**Please fill out the form, save it and attach to an email to:**

[Jayne.Kjaldgaard@gov.mb.ca](mailto:Jayne.Kjaldgaard@gov.mb.ca)

**Faxed registrations can be sent to:**

204.467.5129

Attention: Jayne Kjaldgaard

**Mailed registrations can be sent to:**

VCMI Workshop

c/o Jayne Kjaldgaard

Manitoba Agriculture Food and Rural Initiatives

Box 920, Stonewall, MB R0C 2Z0

**For more information on the workshop contact:**

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