

Registration Form

Enhancing Patient Care with Nutrition Conference September 13, 2008

Please photocopy this form for additional registrations.

Name _____

Address _____

City, State, ZIP _____

Daytime Phone Number _____

E-Mail address _____

Pre-Registration on or before Aug. 29..... \$150.00 _____

Veterinary Student or Technician \$50.00 _____
Pre-Registration on or before Aug. 29

Registration after Aug. 29, add late fee \$25.00 _____

TOTAL ENCLOSED _____

Method of Payment:

Check Enclosed (Made payable to: KSU)

Charge to: AmExp Discover MC Visa

Card no. _____ Exp date _____

Print Cardholder's Name _____

Cardholder's Signature _____

By registering I give my permission to distribute my name and contact information to conference attendees and vendors. If I prefer not to be included in these distributed lists, I will include a written request with my registration for my contact information to be omitted.

To Register

PHONE: 785-532-5569

FAX: 785-532-2422

MAIL: Enhancing Patient Care with Nutrition Conference
Division of Continuing Education
141 College Court Bldg
Kansas State University
Manhattan, KS 66506-6015

WEB: <http://www.vet.k-state.edu>, click on continuing education, scroll down to September 13, Enhancing Patient Care with Nutrition Conference

