

REGISTRATION FORM

2nd Annual Veterinary Conference for Care of Llamas and Alpacas
For Veterinarians and Veterinary Technicians

August 14-15, 2008

Please photocopy this form for additional registrations.

Name _____

Address _____

City, State, ZIP _____

Daytime Phone Number _____

E-Mail address _____

___ Conference Registration by August 1 \$275.00 _____
Includes lectures, lunch, proceedings and breaks

___ Registration after August 1 add late fee \$50.00 _____

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

WEB: www.vet.k-state.edu, click on *Continuing Education*, scroll down to *Aug 14-15, 2nd Annual Veterinary Conference for Care of Llamas and Alpacas*

MAIL: 2nd Annual Veterinary Conference for Care of Llamas and Alpacas
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Kansas State University
Manhattan, KS 66506-6015

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