

Registration Form Reproduction, Calving, and Calf Care in Cow-Calf Herds

Friday, January 9, 2009

Please photocopy this form for additional registrations.

Name _____

Address _____

City, State, ZIP _____

Occupation _____

Daytime Phone Number _____

E-Mail address _____

DVM and Technicians (*with certificate for educational contact hours*):
Pre-Registration on or before Dec. 24 \$150.00 _____

Other: Pre-Registration on or before Dec. 24 \$100.00 _____

Late Fee: Registration after Dec. 24, ADD..... \$25.00 _____

TOTAL ENCLOSED _____

Method of Payment:

____ Check Enclosed (Made payable to: KSU)

____ Charge to: ____ AmEx ____ Disc ____ MC ____ Visa

Card no. _____

Expiration 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 and click on January 9, *Conference on Reproduction, Calving, and Calf Care in Cow-Calf Herds*

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Manhattan, KS 66506-6015

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