

# Registration Form

## Canine Care Workshop - January 24, 2009

Please photocopy this form for additional registrations.

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

E-Mail address \_\_\_\_\_

Check One:  DVM  Pet Breeder  Other \_\_\_\_\_

Registration on or before Jan 9 .....\$25.00 \_\_\_\_\_

Late Registration after Jan 9 .....\$35.00 \_\_\_\_\_

Total Enclosed ..... \_\_\_\_\_

### Method of Payment:

Check Enclosed (Made payable to: KSU)

Charge to:  AmExp  Disc  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](http://www.vet.k-state.edu), click on continuing education, scroll down to January 24, Canine Care Workshop

**FAX:** 785-532-2422

**MAIL:** Canine Care Workshop  
Division of Continuing Education  
141 College Courts Bldg  
Kansas State University  
Manhattan, KS 66506-6015

**PHONE:** 785-532-5569