

# Registration Form

## 3<sup>rd</sup> Annual Camelid Health and Management Conference

### Friday, August 7, 2009

Please photocopy this form for additional registrations.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

\_\_\_\_ **Conference Registration** ..... \$150.00 \_\_\_\_\_  
on or before July 24, 2009

\_\_\_\_ Registration after July 24 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

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**WEB:** [www.vet.k-state.edu](http://www.vet.k-state.edu), click on *Continuing Education*, scroll down to *August 7, 3<sup>rd</sup> Annual Camelid Health and Management Conference*

**MAIL:** 3<sup>rd</sup> Annual Camelid Health and Management Conference  
Division of Continuing Education  
141 College Court Bldg  
Kansas State University  
Manhattan, KS 66506-6015

**FAX:** 785-532-2422

**PHONE:** 785-532-5569