

2007 EQUINE FALL CONFERENCE

Saturday, September 22, 2007

Please photocopy this form for additional registrations

Name _____

Address _____

City, State, ZIP _____

Daytime Phone Number _____

E-Mail address _____

- Pre-Registration on or before Sept. 7 \$125.00 _____
- Veterinary Technician or Student \$35.00 _____
- Registration after Sept. 7, add late fee \$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 to and click on the September 22, 2007, 17th Annual Equine Fall Conference

MAIL: Equine Fall Conference
Division of Continuing Education
141 College Courts Bldg
Kansas State University
Manhattan, KS 66506-6015

FAX: 785-532-2422

PHONE: 785-532-5569