

Veterinary Career Opportunities Workshop

Friday and Saturday, November 2-3, 2007

Workshop Registration Form

Please photocopy this form for additional registrations.

Name _____

Address _____

City, State, ZIP _____

Daytime Phone Number _____

E-Mail address _____

Registration is limited to the first 30 participants, so register early!

- Registration
Pre-Registration on or before Oct. 19 \$300.00 _____
- Registration, second person from same practice
Pre-Registration on or before Oct. 19 \$200.00 _____
- Late Fee: Registration after Oct. 19, ADD \$20.00 _____
- TOTAL ENCLOSED** _____

Method of Payment:

____ Check Enclosed (Made payable to: KSU)

____ Charge to: ____ AmEx ____ 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, click on *Continuing Education*, scroll down and click on Nov 2-3, *Veterinary Career Opportunities Workshop*

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