

Registration Form

Canine Care Workshop - January 26, 2008

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 11\$30.00 _____

Late Registration after Jan 11\$40.00 _____

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, click on continuing education, scroll down to January 26, 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