

Registration Form

Equine Reproduction Conferences for Horse Breeders

Name _____

Address _____

City, State, ZIP _____

Daytime Phone Number _____

E-Mail address _____

*****Limited Registration*****
*Attendee spaces will be assigned on
a first-come, first-served basis.*

_____ **BOTH Conferences** (Feb 23-24 & Mar 8) \$450.00 _____
Includes ALL Lectures, Proceedings, Lunches, Breaks
Limit of 20 participants

_____ **Egg to Foal Conference ONLY** \$300.00 _____
Includes Feb 23-24 Lectures, Labs, Proceedings, Lunches, Breaks
Limit of 20 participants

_____ **Adv Reproduction Conference ONLY** \$250.00 _____
Includes Mar 8 Lectures, Lab, Proceedings, Lunch, Breaks
Limit of 30 participants

TOTAL ENCLOSED _____

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.

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 _____

