

Registration Form

Camelid Distance Education Program

Please photocopy this form for additional registrations.

Name _____

Address _____

City, State, ZIP _____

Daytime Phone Number _____

E-Mail address _____

- Ancillary GI Diagnostics – Meredyth Jones (.5 CE contact hour) \$35.00 _____
- Camelid Neonatology – Meredyth Jones (.5 CE contact hour)..... \$35.00 _____
- Gastrointestinal Surgery – David Anderson (.75 CE contact hour) \$45.00 _____
- Female Reproductive Physiology – David Anderson (1 CE contact hour) \$55.00 _____
- Breeding Management Decisions– David Anderson (.75 CE contact hour)..... \$45.00 _____
- Gestational Emergencies of Camelids – David Anderson (.75 CE contact hour)..... \$45.00 _____

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 _____

To Register

WEB: www.vet.k-state.edu, click on *Continuing Education*, click on *Camelid Distance Education Program*

MAIL: Camelid Distance Education Program
Division of Continuing Education
141 College Courts Bldg
Kansas State University
Manhattan, KS 66506-6015

FAX: 785-532-2422

PHONE: 785-532-5569