

KHC Horse Care 101 Registration Form

October 7, 2017

K-State College of Veterinary Medicine - Frick Auditorium
www.vet.k-state.edu/KHC-EquineClinic/

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email: _____

Conference Registration

Conference registration includes: Sessions, lunch, materials, refreshment breaks and hands-on experience labs.

_____ Adult Attendee - \$35

_____ Student/Youth - \$15 -Suggested age 10 years and older

Method of Payment

_____ Check enclosed (Made payable to: Kansas Horse Council)

_____ Charge to: _____ Discover _____ Mastercard _____ Visa

Card No.

Exp. Date

Print Cardholder's Name

Card Holder Signature

Office of Continuing Education

213 Trotter Hall • 1710 Denison Ave. • Manhattan, KS 66506

785.532.4528 • Fax: 785.532.1549

vmce@vet.k-state.edu