

Registration Form

Camelid Neonatal and Care Conferences for Owners and Breeders
August 11 and 12, 2007

Please photocopy this form for additional registrations.

Name _____

Address _____

City, State, ZIP _____

Daytime Phone Number _____

E-Mail address _____

- Registration for **BOTH** Days..... \$300.00 _____
Includes ALL Lectures, Proceedings, Lunch, Breaks
- Aug 11** Neonatal Conf **ONLY** \$200.00 _____
Includes Aug 11 Lectures, Lab, Proceedings, Lunch, Breaks
- Aug 12** Camelid Care Conf **ONLY** \$150.00 _____
Includes Aug 12 Lectures, Lab, Proceedings, Lunch, Breaks
- Registration after July 27 add late fee \$25.00 _____
- 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 _____

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 *Aug 11-12, Camelid Neonatal and Care Conferences*

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