

2007 PROGRESSIVE PRACTICE MANAGEMENT CONFERENCE

Saturday, September 22, 2007

Please photocopy this form for additional registrations.

Name _____

Address _____

City, State, ZIP _____

Daytime Phone Number _____

E-Mail address _____

- DVM
Pre-Registration on or before Sept. 7 \$150.00 _____
- Veterinary Technician/Staff
Pre-Registration on or before Sept. 7 \$75.00 _____
- Veterinary Student
Pre-Registration on or before Sept. 7 \$25.00 _____
- Late Fee: Registration after Sept. 7, add..... \$20.00 _____
- TOTAL ENCLOSED**..... _____

METHOD OF PAYMENT:

____ Check Enclosed (Made payable to: KSU)

____ Charge to: ____ AmEx ____ Disc ____ MC ____ Visa

Card no. _____

Expiration 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 and click on September 22, *Progressive Practice Management Conference*

MAIL: Practice Mgmt Conference
Division of Continuing Ed
141 College Courts Bldg
Kansas State University
Manhattan, KS 66506-6015

FAX: 785-532-2422

PHONE: 785-532-5569