

REGISTRATION FORM

☐ Mr. _____
☐ Ms. _____
☐ Other _____

First Name _____
Last Name _____

Company/Institution _____

Mailing Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

E-mail _____

Special Requests

☐ Vegetarian Meals Preferred

Clinic Registration

Horseman's Clinic | Saturday, January 27, 2018

Early Registration (*On or Before Sunday, January 21, 2018*)

☐ \$40

Late Registration (*After Sunday, January 21, 2018*)

☐ \$50

Demonstration Registration (please choose a time)

Ultrasounding the Distal Limb

☐ \$15

☐ A: 1:00-1:30 p.m. ☐ B: 1:30-2:00 p.m. ☐ C: 2:00-2:30 p.m.

Farriery

☐ \$15

☐ A: 1:00-1:30 p.m. ☐ B: 1:30-2:00 p.m. ☐ C: 2:00-2:30 p.m.

Anatomy of the Distal Limb

☐ \$15

☐ A: 1:00-1:30 p.m. ☐ B: 1:30-2:00 p.m. ☐ C: 2:00-2:30 p.m.

Gastroscope

☐ \$15

☐ A: 1:00-1:30 p.m.

TOTAL \$ _____

Payment

☐ Check

☐ Visa

☐ Master Card

☐ Discover

☐ AmEx

Name as it Appears on Card _____

Card No. _____

Exp. Date _____ Sec. Code _____ Billing Address _____ Zip Code _____

Signature _____

Continuing Education

☐ Veterinarian CE required

☐ Veterinary technician CE required

Required information:

License number _____

Licensing jurisdiction _____

Mail or fax registration and payment.

Mail To

Horseman's Clinic
University of Illinois
College of Veterinary Medicine
Office of Public Engagement
2001 S. Lincoln Ave.
Urbana, IL 61802

Fax To
217-333-4628

Checks should be made
payable to University of Illinois.