



EQUINE DENTISTRY REGISTRATION FORM 2010

Basic Course: _____ (\$ 1,750.00) Advanced Course: _____ (\$ 2,000.00)

Name of Attendee: _____

License Number and State of Issuance: _____

Practice Name: _____

Mailing Address: _____

City/State/Zip Code: _____

Telephone: _____ Fax: _____

E-mail: _____

Method of Payment: Credit Card _____ Personal Check: _____

If Credit Card: Type (Master Card, Visa, American Express, Discover)

Number: _____ Exp. Date: _____ Sec. Code: _____

Billing Address: _____
(if different)

A \$300.00 deposit is due at the time of initial registration. Full payment is due 2 months prior to the seminar. Registrations are accepted on a first come, first serve basis once full payment has been received. If you need to cancel, another person from your practice can substitute without penalty at any time up to the seminar date. In the event that you can not send a substitute, we will make very attempt to resell your registration up to the seminar date and will issue a full refund. If we cannot, cancellations received more than 30 days or more before the course will receive a 75% refund; after that date no refunds will be issued. All cancellation requests must be submitted in writing. In the unlikely event that the seminar is canceled for reasons beyond our control, all registration funds will be refunded. However, we cannot be responsible for any other expenses, including cancellation or change charges assessed by airlines or other organizations.

Signature: _____ Date: _____

Mail or fax completed form with payment information to Veterinary Dental Products, 200 North Main Street, PO Box 128, Elmwood, WI 54740 or fax (715) 639-9205. Please direct any questions to (866) 329-9990 or info@veterinarydentalproducts.com.