



BASIC EQUINE DENTAL TRAINING PROGRAM

June 18, 2008 CE
June 19-21th, 2008
Registration Form

Participant's Name: _____

Address: _____

City State Zip

Daytime Phone Number: (_____) _____ - _____

Are you presently employed by a Veterinarian licensed in Louisiana? ___Yes ___No

If yes, name of Veterinarian: _____

Signature of participant: _____

Full Course Fee: \$800.00 *Please make check payable to LSU School of Veterinary Medicine.*

Continuing Education Fee: \$300.00

Mail payment and Registration to:
LSU School of Veterinary Medicine
Equine Health Studies Program
Dept. VCS
Baton Rouge, LA 70708
ATTN: Dr. Charles McCauley

Registration Deadline: June 13, 2008

Thank you!

Questions, please call 225-578-9500. Ask for Dr. Charles McCauley.

Office Use Only:

Fee paid? ___Y ___N Check # _____

Initials: _____