



Bluegrass Equine Symposium

REGISTRATION FORM

Lectures		(Circle Choices Below)
	(if received by 10/15/09)	\$475.00
	(if received after 10/15/09)	\$525.00
Residents/Interns/Technicians (limited to 25)		\$125.00
Laboratory (please <u>choose two</u> from the list below)		\$500.00
Advanced Intra Articular and Interlesional Therapy		_____
Ophthalmology		_____
Working Up the Lamé Horse		_____
Podiatry		_____
		Total Payment: _____

Name: _____

Address: _____

Telephone: _____

Fax: _____

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Card Type (circle one) VISA MASTERCARD AMEX DISCOVER

Card Holder Name: _____

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Expiration Date: _____ 3-4 Digit Security Code: _____

Authorized Signature: _____ Date: _____

Please return form to:

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4250 Iron Works Pike
Lexington, KY 40511

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