

REGISTRATION FORM

Please register by December 10, 2011 for the January 2012 session

Name _____

*Veterinarians: state of license and license number _____

Address _____

City, State, and Zip Code _____

Phone (Day) _____ (Evening) _____

FAX _____ E-mail _____

Farm/Clinic/Business Name _____ Breed(s) _____

How do you prefer correspondence? e-mail standard mail fax phone

Permission to put your name on a participant list handout? yes no

* Please provide the above information for each additional registrant on the back of this form.

Equine Reproductive Management – Stallion, Mare and Newborn Foal \$1,250
January 6-10, 2012

Techniques for Handling and Utilizing Frozen Equine Spermatozoa \$ 500
January 11, 2012

Total first participant \$ _____

Total additional participants (next page) \$ _____

Total amount enclosed \$ _____

PAYMENT INFORMATION

Payment can be made using a **Master Card, Visa, American Express, or check** (U.S. funds payable to **Colorado State University**).** Please fill out the registration form and mail or fax to:

Short Course Coordinator Phone: (970) 491-8626
CSU Equine Reproduction Laboratory Fax: (970) 491-7005
1693 Campus Delivery
Fort Collins, CO 80523-1693

Card Number: _____ - _____ - _____ - _____ Expiration Date: ____ / ____

Name of card holder (please print) _____

Signature _____

** E-mail registrations will not be accepted.

www.csuequine.com • ERL@colostate.edu • (970) 491-8626

ADDITIONAL REGISTRANTS

Name _____

*Veterinarians: state of license and license number _____

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City, State, and Zip Code _____

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FAX _____ E-mail _____

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