



**Myhre Equine Clinic
26th Annual Farrier & Veterinarian Conference
Registration
October 31 & November 1, 2013**

Name _____ Title _____

Billing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

CC # _____ Exp _____ V Code _____

Check # _____

Day 1 \$95.00 _____ Day 2 \$95.00 _____ Both \$150.00 _____

Please make checks payable to Myhre Equine Clinic

**Mail to:
Myhre Equine Clinic
PO Box 1673
100 Ten Rod Road
Rochester, NH 03866
1-603-335-4777 Phone
1-603-335-9923 Fax**