



**Myhre Equine Clinic
36th Annual Veterinarian & Technician Conference
Registration
March 24 & 25, 2016**

(One Attendee per Form)

Name _____ Title _____

Billing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

CC _____ Name as It Appears On Card _____

_____ Exp _____ V Code _____ Billing Zip Code _____

Check # _____

Day 1 \$95.00 _____ Day 2 \$185.00 _____ Both \$250.00 _____

Please make checks payable to Myhre Equine Clinic

Mail to:
Myhre Equine Clinic
PO Box 1673
Rochester, NH 03866
1-603-335-4777 Phone