BLUE RIDGE EQUINE CLINIC

THE 6TH ANNUAL BREC PRACTITIONER'S SEMINAR

SEMINAR REGISTRATION FORM

January 21, 2012

BOAR'S HEAD INN, CHARLOTTESVILLE, VA

Registration Deadline January 13, 2012

6 C.E. Hours Offered

REGISTRANT INFORMATION

Name _____ / _____ / _____
First MI Last

Veterinarian ❑ DVM ❑ VMD ❑ Other Degree(s): _____

Practice Name _____

Email: _____ Phone #: _____

PAYMENT INFORMATION

REGISTRATION FEE: $100

❑ Check # _____ Payable to: Blue Ridge Equine Clinic

❑ Credit Card ❑ AMEX ❑ Discover ❑ MasterCard ❑ VISA

Card #: _____ Exp. Date _____ / _____

Billing Street/ PO Box #: _____ Billing Zip: _____

Print Cardholder Name: _____

Cardholder Signature: _____

Please Mail in Forms to 4510 Mockernut Lane,
Earlysville, VA 22936 or contact Laura Hilliard 434-973-7947
laura@blueridgeequine.com