



**NC State Equine Health Program
Equine Medicine Symposium
Saturday, February 21, 2009
Horse Owner's Symposium Registration Form**

Name: _____

Farm or Group Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Email: _____

Fees:

Horse Owner \$65 / \$85 after 2/2/2009 _____

Student \$35 / \$45 after 2/2/2009 _____

Group with 8 or Greater (must register together) \$35 each/\$45 after 2/2/2009 _____

Total _____

Payment:

Check number: _____

Cancellation Policy:

Full refunds will be granted for notices received in writing by seven days prior to the course. After that time, there will be a 25% cancellation fee. No refunds will be granted after the course has begun.

Make checks payable to NC State University

Mail this form with full payment (check or money order) to:

Equine Medicine Symposium

NC State University - CVM

Office of Continuing Education & Outreach

4700 Hillsborough Street

Raleigh, NC 27606

If you have any questions, please call 919-513-6421.