

# LSU

School of

## Veterinary Medicine

### BASIC EQUINE DENTAL TRAINING PROGRAM

July 13-16, 2016

Registration Form

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City State Zip

Daytime Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you presently employed by a Veterinarian licensed in Louisiana? \_\_\_ Yes \_\_\_ No

If yes, name of Veterinarian: \_\_\_\_\_

Signature of participant: \_\_\_\_\_

Course Fee: \$800.00 *Please make check payable to LSU School of Veterinary Medicine.*

***Mail payment and Registration to:***

*LSU School of Veterinary Medicine*

*Equine Health Studies Program*

*Dept. VCS*

*Baton Rouge, LA 70703*

*ATTN: Dr. Charles McCauley*

*Registration Deadline: July 8, 2016*

*Thank you!*

Questions, please call 225-578-9500. Ask for Dr. Chuck McCauley.

Office Use Only:

Fee paid? \_\_\_Y \_\_\_N Check # \_\_\_\_\_

Initials: \_\_\_\_\_