



**33rd Annual Veterinarian & Technician Conference
Registration
March 21st & 22nd 2013**

**Thursday: \$35.00 Veterinarians/Technicians
Friday: Wet Lab \$140.00 Veterinarian with One Technician**

Name _____ **Title** _____

Practice Name _____

Billing Address _____

City/State/Zip Code _____

Phone _____ **Fax** _____

Email _____

CC _____ **#** _____ **Exp** _____ **V Code** _____

Check # _____

Day 1 _____ **Day 2** _____ **Both** _____

Please make checks payable to Myhre Equine Clinic

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