



**Myhre Equine Clinic  
27<sup>th</sup> Annual Farrier & Veterinarian Conference  
Registration  
October 9 & 10, 2014**

Name \_\_\_\_\_ Title \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

CC # \_\_\_\_\_ Exp \_\_\_\_\_ V Code \_\_\_\_\_

Check # \_\_\_\_\_

Day 1 \$95.00 \_\_\_\_\_ Day 2 \$95.00 \_\_\_\_\_ Both \$150.00 \_\_\_\_\_

**Please make checks payable to Myhre Equine Clinic**

**Mail to:  
Myhre Equine Clinic  
PO Box 1673  
100 Ten Rod Road  
Rochester, NH 03866  
1-603-335-4777 Phone  
1-603-335-9923 Fax**