



BRIAN KILCOMMONS
SEMINAR REGISTRATION FORM
SEPTEMBER 16 AND 17, 2017

Name: _____

Address: _____

City

Province

Postal Code

E-Mail Address: _____ Phone: _____

Registration Fees:

Regular \$200

Rescue Owner \$180
(provide proof of adoption)

Working Spot \$250

Animal's Name: _____

Breed: _____

Sex: _____ Date of Birth: _____
D M Y

Club Use:

Payment Made: Amount \$ _____ Date _____
Payment Method: cheque credit card etransfer cash