



Hale Veterinary Clinic

CE Registration Form

Please Fax or Email all Registrations to:

Fax - 519-763-6210

Email - stephanie@toothvet.ca

Phone- 866-866-8483

Please do a form for each registrant

Fill in the fields, save the document to your computer and then send us that saved form as an attachment to an email (link above).

Name :		DVM <input type="checkbox"/> RVT <input type="checkbox"/> VT <input type="checkbox"/>	
Clinic :			
Address:			
City :	Prov :	Postal Code :	
Email Address :			
Phone Number :		Fax :	

Understanding Veterinary Dentistry 2 day Lecture Friday April 23 and Saturday April 24 – 9am to 5pm	\$650.00		
Radiology Lecture and Wet Lab Wednesday, April 14 th , 2010 – 1:00pm – 4:00pm	\$300.00		
Oral Surgical Wet Lab Wednesday May 5 th , 2010 – 8:00am – 5:00pm	\$725.00		
Dental Radiographic Interpretation Wednesday May 19 th , 2010 – 1:00pm – 4:00pm	\$150.00		
	Subtotal		
	GST (5%)		
	Total		

**** Please note all prices are in Canadian Dollars**

Payment can be made by Mastercard or Visa

Credit Card Information

Card # _____

Expiry _____

Signature _____