

*AKC Canine Health Foundation National Parent Club Canine Health Conference*

**GENERAL REGISTRATION FORM**

**Attendee Registration Information:**

Attendee Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Attendee Contact: Office: (     ) \_\_\_\_\_  
Information Home: (     ) \_\_\_\_\_  
FAX: (     ) \_\_\_\_\_  
Email (required): \_\_\_\_\_

***General Registration Fee: \$600 (Non-Refundable)  
Registration is First Come, First Served basis***

Method of Payment:  Check Enclosed      Please charge my contribution to the following credit card:  
 Visa    MasterCard    American Express    Discover

Please add    \$150    \$300    \$600   in support of the Veterinary Student Attendance Scholarship

Total to be charged: \$ \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card # \_\_\_\_\_ CID #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Return this form and payment by July 1, 2011, to:**

Rita Gardner, Executive Assistant  
AKC Canine Health Foundation  
P.O. Box 900061  
Raleigh, NC 27675-9061

If you have any questions, please call the office toll free at (888) 682-9696 or email [akcchf@akcchf.org](mailto:akcchf@akcchf.org).