

JAMES BAILEY
HERD HEALTH CONFERENCE REGISTRATION

FEBRUARY 10, 2018

South Dakota State University

Name _____

Address _____

City _____ State _____

Zip _____ Phone _____

E-mail _____

Cell Phone _____

(cell phone # in case of weather cancellation)

8 CE contact hours

SDVMA Member \$100.00 = \$ _____

Non Member \$145.00 = \$ _____

TOTAL = \$ _____

Please return with your check payable to SDVMA by February 2 to:

SDVMA
Box 2175, SDSU
Brookings, SD 57007

Or register on-line at www.sdvmed.org to pay by credit card.

If you have any questions, please contact Janice Kampmann at janice.kampmann@sdstate.edu or 605-688-6649.