

**JAMES BAILEY
HERD HEALTH CONFERENCE
REGISTRATION**

FEBRUARY 9, 2019
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.

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