

2024 Beef Ultrasound Field Technician Training Registration Form

First Name:	Mid	die initial:	Last Name:
Address:			
City:	State	e: Zip	/Postal Code:
Country:			
Home Phone:		Cell Phone:	
Email:			
Preferred method and	d time to contact:		
Do you currently hav	e equipment? If s	so, name har	rdware
Dietary Restrictions:			
Note With co	. •	•	sure to book your hotel at the earliest ny inconvenience.
_ Will you be atter	nding certificati	ion? (Begin	t 29 th or 30 th) - \$125 (for current technicians only) nning the following week) *additional form require
Payment Method:	Check	Credit	t Card
			pay by check your spot is not held until the payment is receiv
Credit Card Number:			
Expiration:	C'		
Expiration: Name on card:			
	ayable to: The CU 2610 N	VV: P Lab [®] , LLC	

The CUP Lab®, LLC reserves the right to cancel training for attendance or weather.

or faxed to 515-232-9578.

Registration forms due by Friday, July 26th