CUP Lab™ Beef Carcass Ultrasound Training

Registration Form

Please Print

First Name _____ **Middle Initial** _____ **Last Name** _____

Address _____

City _____ **State/Province** _____ **ZIP/Postal Code** _____

Country _____

Home Phone _____ **Work Phone** _____

Cell Phone _____ **Fax** _____

Email _____

How did you hear about us? _____

Training Dates * _____

Training Type (circle all that apply): **Beginner** **Advanced** **Brush Up**

Payment method- (circle one) **Check** **Credit Card (Visa or MC)**

Card # _____ **Exp.** _____

Name on card _____

Billing Address for the card: _____

_____

Please make checks payable to: **The CUP Lab™**
PO Box 627
Ames, IA 50010

- **Phone: (515) 232-9442**
- **Fax: (515) 232-9578**
- **Email: cuplab@cuplab.com**

**** The CUP Lab™ reserves the right to cancel any training sessions for attendance or weather related issues.***