



2016 Sheep Ultrasound Field Technician Training Registration Form

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Country: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax: _____

Email: _____

Preferred method and time to contact: _____

How did you hear about Sheep Ultrasound Field Technician Training? _____

Dietary Restrictions: _____

___ Sheep Training (October 3-5) - \$500

___ Will you be attending certification? (October 6) - \$350

___ Will you need to rent a machine for certification?

Payment Method: Check Credit Card (Visa, Master Card, Discover)

Check Number: _____

Credit Card Number: _____

Expiration: _____ CVV: _____

Name on card: _____

Please make checks payable to: The CUP Lab®, LLC
2610 Northridge Pkwy, Suite 105
Ames, IA 50010

Forms may be returned to the address above, emailed to egoodall@cuplab.com,
or faxed to 515-232-9578.

Registration forms due by Monday, September 19 for the Early Registration cost.

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