

## 2025 Beef Ultrasound Field Technician Training Registration Form

	madio initian_	Last Name:	
Address:			
City:	State: Z	ip/Postal Code:	
Country:			
Home Phone:		Cell Phone:	
Email:			
Preferred method of conta	act:		
Do you currently have equ	uipment? If so, name h	ardware	
Certification Brush-	up Training (Septem	eptember 8 <sup>th</sup> -12 <sup>th</sup> ) - \$2,100 US Dollars aber 11 <sup>th</sup> or 12 <sup>th</sup> ) - \$125 (for current technicians only) k of 9/15 in Canyon, Texas) *additional form required*	
Payment Method:	Check Cred		
Payment Method:	Check Cred		
Payment Method:  Check Number:	Check Cred	dit Card	
Payment Method:  Check Number:	Check Cred	dit Card ou pay by check your spot is not held until the payment is received) email address below and we will invoice you.	
Payment Method:  Check Number:  Credit Card: Ple  Email Address:	Check Cred	dit Card ou pay by check your spot is not held until the payment is received) email address below and we will invoice you.	

Forms may be returned to the address above OR emailed to <a href="mailed-equal-background-counter-coun

Registration forms due by Monday August 11th