

CHARLES DE KUNFFY CLINIC AUDITOR FORM

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

Please check appropriate boxes (please submit 2 forms if auditing both clinics)

Clinic 1 May 20-22, 2011

Clinic 2 October 21-23, 2011

Pre-registration by April 15th, 2011

Pre-registration by September 10th, 2011

Auditing Fees:

Pre-registration		After pre-registration date
1 Day	\$40.00	\$50.00
2 Days	\$70.00	\$85.00
3 Days	\$100.00	\$120.00

Please check which day(s) you plan to audit. Auditing fees include continental breakfast and lunch.

Friday Saturday Sunday

Total Amount Due: _____ Make check payable to Topline Stables

Mailing Address:

Topline Stables

4714 Southwood Drive

Brooklyn, OH 44144

440-666-6182 Cell