

# 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 14-16, 2010

**Clinic 2**  October 22-24, 2010

**Pre-registration by April 10th, 2010**

**Pre-registration by September 10th, 2010**

## **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**