



2 Practitioner Hospital - \$300.00 for both D.V.M. to attend all 4 meetings.

Name (Please print)

Email Address

Phone Number

Address

Name (Please print)

Email Address

Phone Number

Address

**Please print out and complete this form.
Mail your completed form along with your check to:**

Anne B. Guedry
50 Pine Square
Hammond, LA 70401