



# 2007 Horseman's Seminar

## Sat & Sun, November 17 & 18

Presented by  
**Peterson & Smith Equine Hospital**

### REGISTRATION FORM

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

After 11/5

- |                          |                         |          |          |
|--------------------------|-------------------------|----------|----------|
| <input type="checkbox"/> | Saturday: 9:00am—5:30pm | \$60.00  | \$75.00  |
| <input type="checkbox"/> | Sunday: 8:30am—5:30pm   | \$60.00  | \$75.00  |
| <input type="checkbox"/> | Saturday & Sunday       | \$100.00 | \$130.00 |

Please make checks payable to: Peterson & Smith Equine Hospital. If you wish to make a credit card payment, please complete the following:

VISA/MC/AmEx# \_\_\_\_\_

Expiration date: \_\_\_\_\_

Signature: \_\_\_\_\_

*Please complete and return this registration form to:*

Grace Tirado Perez, Operations Assistant  
Peterson & Smith Equine Hospital  
4747 SW 60th Avenue, Ocala, FL 34474  
Tel: (352) 237-6151, Fax (352) 237-0629  
E-mail: [pseh@petersonsmith.com](mailto:pseh@petersonsmith.com)

**For more information go to: [www.horsemanseminar.com](http://www.horsemanseminar.com)**