



CAMELIDYNAMICS CENTER 2008 REGISTRATION FORM

Thank you for your interest attending a clinic at the Camelidynamics Center.

REGISTRATION INSTRUCTIONS (Complete one form per participant)

1. Review the Camelidynamics Center 2008 Guide.
2. Using your tab key to navigate to each field, please answer each question. Email marty@camelidynamics.com with any questions/problems completing the form.
3. Print or save the form & mail or email with payment (Check, Visa or Mastercard) to:
Camelidynamics Center
18380 Pinehurst Road
Bend, OR 97701

QUESTIONS?

Contact Marty McGee Bennett
Office: (541) 318-5026

marty@camelidynamics.com
Cell: 541-788-2277

Today's Date _____

Last Name _____

First Name _____

Ranch Name _____

Email: _____

Phone 1 _____

Phone 2 _____

Website _____

Mailing Address _____

Mailing City _____ State _____ Zip _____

Country _____

In Case of Emergency, contact _____

Phone Number/s _____

I am enrolling for the following course/s at the Camelidynamics Center:

- June 7-11 COMBO CLINIC: Handling, Shearing & Marketing**
(Early Bird Deadline: 4/07/08)
- July 19-23 2+2 Clinic: The Best Beginners Clinic**
(Early Bird Deadline: 5/19/08)
- July 26-30 4-day ADVANCED CLINIC***
(Early Bird Deadline: 5/26/08)
- Sept 13-17 4-day ADVANCED CLINIC***
(Early Bird Deadline: 7/13/08)

*Advanced Clinic Pre-requisite: Completion of one 2-day Basics Clinic

Please indicate below which payment you are making:

- I am paying 50% deposit to secure space and will pay balance by Early Bird Deadline
- I am paying the Early Bird Rate to secure my place.
- I am paying the full tuition.

Method of payment Visa MasterCard Check (Payable to: *Camelidynamics*)

Total Payment \$ _____

Credit Card # _____ Exp Date _____

REFUND & CANCELLATION POLICY

For cancellations made more than 45 days prior to the clinic, a refund will be given (minus \$75 administration fee). No refunds are possible for cancellations made less than 45 days prior to the clinic date, but a rain check will be given. Rainchecks can be applied to another training within two years of cancellation date. Camelidynamics reserves the right to cancel any event only if necessary because of circumstances beyond our control or in the rare circumstance when enrollment is deemed insufficient. In this case, all deposits, tuition and processing fees will be refunded. Participants are encouraged to consider flight and hotel insurance.

Please indicate that you have read, understand and accept these policies. I Accept

Are you interested in bringing your llamas or alpacas to participate in the clinic? YES NO



Please tell us a little more...

How you learned of the Camelidynamics Clinic: (email, word of mouth, website, etc.)

If you have attended other Camelidynamics clinics, which ones? Please include Date, Location and Type of Clinic (2-day, Advanced, Mini).

Please tell us about your background with camelids:

What you hope to gain from your experience at the Camelidynamics Center? Please be specific.

What is your profession?

Is there anything else that we should know about you?

Thank you.