

**Canine Kinaesthetics™ Clinic
Registration Form**

**Diane Gallagher & Lisa Madison
(Both certified Kinaesthetics™ specialists)**

March 27 & 28, 2010, 9:00am - 5:00pm

Name _____

Address _____

City _____ State _____

Zip Code _____

Phone _____

E-mail
Address _____

Are you: Dog Trainer Obedience Instructor Rescue Coordinator Veterinarian

Other _____

What do you hope to learn at this seminar?

Are you bringing a dog? Yes No

What problems, if any, are you having with the dog?

Beverages, mid-morning snacks and lunch will be provided both days.

**Cost: Hands-on working participant with dog: \$500
Payment due in full by March 17th No refunds after March 24th.**

Amount Enclosed \$ _____ VISA MASTERCARD DISCOVER Exp _____

Signature _____

Please make check or money orders payable to DOGTRAIN, INC. and Mail registration and payment to: DOGTRAIN, Inc., 1038 S. Kerr Ave., Wilmington, NC 28403.