



# 2 Day Basic Clinic Sign-Up Form

**Farm Name:**

**Address 1:**

**Address 2:**

**City:**

**State:**

**Zip:**

**Home Phone:**

**Mobile Phone:**

**eMail Address:**

**Attendee 1 Full Name:**

**Attendee 2 Full Name:**

**Attendee 3 Full Name:**

**Attendee 4 Full Name:**

Registration before April 15<sup>th</sup> 2012 \$375 1st person, \$325 additional person(s) from the same farm.

Registration after April 15<sup>th</sup> 2012 \$400 1st person, \$375 additional person(s) from the same farm.

Please email completed form to: [rob@robasia-alpacas.com](mailto:rob@robasia-alpacas.com) Subject line "Clinic Registration"

Please remit payment to: RobAsia Alpaca Ranch LLC. 611 Norstad Rd., Manitowoc, WI 54220