

## 2023 Beef Ultrasound Field Technician Training Registration Form

| First Name:          | Middle  | e Initial:   |
|----------------------|---|--|
| Address:             |   |  |
| City:                | State:_   | Zip/Postal Code:   |
| Country:             |   |  |
| Home Phone:          |   | Cell Phone:  |
| Work Phone:          |   | Fax:   |
| Email:               |   |  |
| Preferred method and | d time to contact:  |  |
| How did you hear ab  | out Beef Ultrasound   | d Field Technician Training?   |
| Do vou currently hav | e equipment? If so.   | , name hardware  |
| Bo                   | eginners Training cation Prep Train Both (Sept 4 ation Brush-up T | g (Sept 4-5) - \$800 US Dollars ning (Sept 6-8) - \$1,200 US Dollars 4-8) - \$2,000 US Dollars raining (Sept 7-8) - \$105 (for current technicians only) eginning the following week) *additional form required* |
| Payment Method:      | Check   | Credit Card  |
| Check Number:        |   | (if you pay by check your spot is not held until the payment is receiv   |
| Credit Card Number:  |   |  |
| Expiration:          | CVV   | /:   |
| Name on card:        |   |  |
| Please make checks p | •   | rthridge Pkwy, Suite 105   |

Forms may be returned to the address above, emailed to <a href="mailto:cuplab@cuplab.com">cuplab@cuplab.com</a>, or faxed to 515-232-9578.

Registration forms due by Friday, August 4th