

2024 Beef Ultrasound Field Technician Training Registration Form

FIISt Maine.	Mid	dle Initial: Last Name:
Address:		
City:	State	e: Zip/Postal Code:
Country:		
Home Phone:		Cell Phone:
Email:		
Preferred method and	d time to contact:	
Do you currently have	e equipment? If s	o, name hardware
Dietary Restrictions:		
Will you be atte	rush-up Trainir ending certifica	Just 26-30) - \$2,100 US Dollars ng (August 29 th or 30 th) - \$125 (for current technicians only) tion? (Date TBD in Canyon, Texas) *additional form required*
Payment Method:	Check	
-		Credit Card
Check Number:		(if you pay by check your spot is not held until the payment is received)
Check Number:		Credit Card (if you pay by check your spot is not held until the payment is received)
Check Number: Credit Card Number:		(if you pay by check your spot is not held until the payment is received)
Check Number: Credit Card Number:	C	(if you pay by check your spot is not held until the payment is received)
Check Number: Credit Card Number: Expiration:	C \ ayable to: The CU 2610 N	(if you pay by check your spot is not held until the payment is received)

The CUP Lab[®], LLC reserves the right to cancel training for attendance or weather.