



Upper Valley
HUMANE SOCIETY

Seminar/Workshop Registration Form

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone:(day) _____ (evening) _____

Email Address: _____

Seminar/Workshop: _____

Date(s): _____

Cost: _____

Please check your preference for lunch (if applicable):

Meat Vegetarian Vegan

Payment: We cannot register you without payment in full.

Check enclosed Check number: _____

Please make check out to: UVHS

Visa/MasterCard (circle one)

Credit Card number: _____

Exp. Date: _____ CVV2/CVC2: _____

Signature: _____

Cancellation Policy: You must cancel more the 2 weeks in advance to receive a full refund (minus a \$25 administrative charge). Cancellation within 2 weeks of the event will only receive a refund (less a \$50 administration charge) if another participant registers to fill your spot.

Return registration form by mail to UVHS Training Center, 300 Old Route 10, Enfield, NH 03748 or fax it to 603-448-3593.

For more information call **603-448-6888 ext 123**, email **training@uvhs.org**, or visit **www.uvhs.org**.