



May 29-31, 2009
Keystone Conference Center
Keystone, Colorado

REGISTRATION FORM

(Please print or type)

NAME _____

INSTITUTION/COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

COUNTRY _____ EMAIL _____

PHONE _____ FAX _____

<u>Registration Fees:</u>	<i>(By May 11)</i>	<i>(After May 11)</i>	Total
ESS Member Attendee	\$225.00	\$250.00	_____
Non-Member Attendee	\$275.00	\$300.00	_____
Student (participating in the competition)	N/C		_____
<i>(All students participating in the competition will receive free registration, a \$100 stipend and a free banquet ticket)</i>			
Student (presenting a paper)	N/C		_____
<i>(All students presenting a paper will receive free registration)</i>			
ESS Student Attendee	\$125.00	\$150.00	_____
Non-Member Student Attendee	\$175.00	\$200.00	_____

You will receive 1 paper copy of the proceedings with your registration.

<u>Activity Fees:</u>	<u>Price/Person</u>	<u>Number</u>	
Friday, May 29			
Opening Reception <i>(Complimentary hors d'oeuvres, Cash Bar)</i>	N/C	_____	_____ NC
Saturday, May 30			
Invited Speaker Luncheon	N/C	_____	_____
Please indicate if you need a Vegetarian meal:	<input type="checkbox"/>		
BBQ	\$ 40.00	_____	_____
Graduate Student Mixer	N/C	_____	_____ NC
Sunday, May 31			
Awards Banquet (7:00 pm)	*\$ 45.00	_____	_____
Please indicate your meal choice: <input type="checkbox"/> Rib Eye <input type="checkbox"/> Chicken <input type="checkbox"/> Vegetarian			

TOTAL FEES: \$ _____

Are you giving a competition paper? _____ YES _____ NO

Are you interested in taking the ARPAS exam? _____ YES _____ NO

Please check the website for updated info: <http://www.equinescience.org/2009/>. Please return this form to the following address or you can register online at <http://www.equinescience.org/2009/>, click on Online Meeting Registration.

ESS, 1111 North Dunlap Ave, Savoy, IL 61874

Tel: 217/356-3182 ext 20 ** Fax: 217/398-4119 ** email: ess@assoqh.org

Credit Card charges will appear on your statement as "FASS Online": MC/Visa/American Express/Discover Card	
Card # _____	Exp Date _____
Signature _____	

EVENT SCHEDULE

POSTER SESSION:

Friday, May 29, 2009 **3:00 pm - 5:00 pm**

INVITED SPEAKER:

Friday, May 29, 2009 **5:00 pm - 6:00 pm**

Saturday, May 30, 2009 **12:00 pm-1:00 pm**

CANCELLATION POLICY

To be eligible for a refund of meeting registration fees, requests must be received in writing before the following dates:

On or Before May 11, 2009 = **90% Refund**
After May 11, 2009 = **NO REFUND**

The cancellation dates apply only to the Meeting Registration fees. Ticketed events may be cancelled due to minimum attendance requirements. Refunds will be issued for CANCELLED ticketed events. There will be NO REFUNDS for non-cancelled ticketed events. All approved refunds will be issued after the meeting.

SUBMIT THIS REGISTRATION FORM

Complete and mail or fax this form with your check, money order, or credit card information to:

2007 ESS Meeting
1111 North Dunlap Avenue, Savoy, IL 61874
phone: 217/356-3182 ext 20 ** fax: 217/398-4119
email: ess@assoqh.org

REGISTER ONLINE AT www.equinescience.org/2009

REGISTRATION HOURS

Friday, May 29, 2009 **1:00 pm – 6:00 pm**

Saturday, May 30, 2009 **7:30 am – 5:00 pm**

Sunday, May 31, 2009 **7:30 am – noon**

ESS BUSINESS MEETING

Sunday, May 31, 2009 **2:00 pm** or following last scheduled presentation