

CHARLES DE KUNFFY CLINIC AUDITOR FORM

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

Please check appropriate boxes (please submit 2 forms if auditing both clinics)

Clinic 1 May 14-16, 2010

Clinic 2 October 22-24, 2010

Pre-registration by May 7th, 2010

Pre-registration by September 10th, 2010

Auditing Fees:

Clinic 1: Note: Additional \$10 per day discount for anyone attending the NODA Friday evening Lecture and Demonstration. Please fill out separate registration form available at Nodarider.org or by calling Marcia Doyle at 216-233-7212.

	Pre-registration	After pre-registration (May 7th, 2010)
Friday 1/2 Day (afternoon)	\$20.00	\$30.00
Saturday Day	\$40.00	\$50.00
Sunday Day	\$40.00	\$50.00

Please check which day(s) you plan to audit. Auditing fees include continental breakfast and lunch.

Friday Afternoon Saturday Sunday I plan on auditing the Friday NODA Demo

Please deduct the \$10 discount per day if auditing the NODA Demo Friday night.

Amount Due: _____

NODA Demo: (-) _____

Total Amount: _____ Please make check payable to Topline Stables

Mailing Address:

Topline Stables

4714 Southwood Drive

Brooklyn, OH 44144

440-666-6182 Cell