



ANIMAL PRODUCTS TRAINING
TRAINING DATE: _____

FULL NAME: _____ FIRST NAME FOR BADGE _____

EMAIL: _____ IBO NUMBER: _____

CITY: _____ STATE: _____

CELL PHONE #: _____ SPONSOR: _____

CHOOSE A TRAINING FEE	Early Registration	Regular Registration
** A \$5.00 processing fee will be added to your registration**		
<input type="checkbox"/> Package Free Bonus Training <i>(NO DISCOUNT INCLUDED)</i>	\$0	\$0
<input type="checkbox"/> \$799 Microbial or Companion Pkg	\$0	\$0
<input type="checkbox"/> Discount Option (3% for 5 years)	\$225	\$275
<input type="checkbox"/> No Discount Option	\$99	\$149
<input type="checkbox"/> Upgrade (from free bonus to discount)	\$126	\$126
<input type="checkbox"/> Audit: (previously attended with discount)	\$99	\$149
<input type="checkbox"/> Guest: (1 per IBO)	\$99	\$149
<input type="checkbox"/> Spouse:	\$35	\$85
Guest or Spouse Name: _____		
<input type="checkbox"/> Sponsor/Sit In:	\$35	\$85
Who are you sponsoring _____		

HOTEL NEEDED (not included in this training): please circle **YES** **NO**
 Hotel arrival date: _____ Hotel departure date: _____ King Bed Two Beds

PAYMENT OPTIONS:

Check Enclosed (if mailing only)

PAC Name: _____ PAC # _____

Credit Card/E-Acct

Name on Credit Card: _____ Credit Card Billing Address: _____

City/State: _____ Zip Code: _____

Card Number: _____ Exp: _____

Mail to: Conklin Meetings Department 3951 NE Kimball Drive Kansas City, MO 64161 or Fax to 952-224-5105