

Charles de Kunffy Clinic Auditor Form

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

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

Clinic 1 ____ May 3-5, 2019

Clinic 2 ____ October 11-13, 2019

Pre-registration due by April 25th, 2019

Pre-registration due by September 30th, 2019

Auditing Fees:

Pre-registration	After pre-registration date (if still spots available)
1 Day \$25.00	\$35.00
2 Days \$45.00	\$55.00
3 Days \$65.00	\$75.00

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

Friday ____ Saturday ____ Sunday ____

A lecture will be held either Friday or Saturday, the day and time will be determined closer to clinic date.

Total Amount Due: _____ **Make check payable to Topline Stables**

Mailing Address:

Topline Stables

PO Box 371

Hiram, OH 44234-0371

440-666-6182 Cell

Barn Address:

Topline Stables

1109 Aurora-Hudson Road

Aurora, OH 44202