NORTH PENN SEMINAR REGISTRATION

74 LAURELWOOD ROAD MORRIS, PA 16938
PHONE: 717-368-2901
NORTHERNTIERK9@GMAIL.COM
WWW.NORTHERNTIERK9.COM

www.northerntierk9.com/northpennseminar - SEMINAR WEB SITE

Checks payable to: Northern Tier K9
(PLEASE PRINT)

NAME: _____
Last First Middle Initial

ADDRESS: _____

CITY/STATE/PROVINCE/ZIP: _____

HOME PHONE: _____ CELL/WORK PHONE: _____

E-MAIL: _____ # YEARS IN SAR: _____

ALLERGIES/FOOD CONSIDERATIONS: _____

K-9 AFFILITATION (agency/team) _____

IN CASE OF EMERGENCY CONTACT: _____

ADDRESS: _____ HOME PHONE: _____

CITY/STATE/ZIP: _____ WORK PHONE: _____

AREA OF INTEREST – CHOOSE ONLY 1 DISCIPLINE

Filled_ Air Scent Beginner-Intermediate _Filled_ Air Scent Intermediate-Advanced _____ Mantrailing + Book

NAME of K-9: _____

	Air Scent:	$175.00		Mantrailing:	$205.00
	w/o Lodging:	$145.00		w/o Lodging:	$175.00
	Observer:	$90.00		Observer w/o Lodging:	$60.00

Deposit of $50.00 is required to Hold Space

ALL COST includes $50.00 registration and deposit fee, lunches, and breakfast on first morning. Mantrailing additionally includes book, those who have the book will be reimbursed.

THERE IS A $50.00 NONREFUNDABLE DEPOSIT REQUIRED PRIOR TO 1st August 2020.
NO REFUNDS AFTER 1st August 2020 *except in extenuating circumstances.*

SPACE IS LIMITED, REGISTER EARLY!

BALANCE DUE IN CHECK/PAYPAL/DEBIT or CREDIT to NORTHERN TIER K9
A service charge of $13.00 will be added for any returned checks

APPLICANT SIGNATURE: _____ DATE: _____

Training Survey

1. What are your Top 2 Goals for this seminar?

2. What are 2 areas or study/experiences you would like to have at upcoming seminars?

☐ **Please Call for Payment Info - Phone Number:** _____

☐ **Paypal – An invoice will be emailed to the one provided.**

☐ **I am mailing payment! To 74 Laurelwood Rd. Morris, Pa 16938**

Credit/Debit Payment Portion

Credit Card Information
Card Type: ☐ MasterCard ☐ Visa ☐ Discover ☐ Other: _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____ CSV Code (on back of card): _____
Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize Northern Tier K9, Inc. to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account, exclusive to the current event.

_____ _____

CUSTOMER SIGNATURE: **DATE:**