

ICAW 2010 Educational Seminar



First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) - ____ - _____ E-mail: _____

ACA ACCREDITED SEMINAR

ATTENDANCE VERIFICATION STAMP

1:00 – 2:45 PM (Friday—11/5/2010)

Over All Health of the Animal

Dr. Bamledge



ICAW 2010 Educational Seminar



First Name: _____ Last Name: _____



Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) - ____ - _____ E-mail: _____

ACA ACCREDITED SEMINAR

ATTENDANCE VERIFICATION STAMP

<p>9:00 – 10:00 AM (Saturday—11/6/2010)</p> <p><i>The Puppy Puzzle (Part A)</i></p> <p>Pat Hasting</p>	
<p>10:30 – 12:00 Noon (Saturday—11/6/2010)</p> <p><i>The Puppy Puzzle (Part B)</i></p> <p>Pat Hasting</p>	
<p>1:00 – 2:30 PM (Saturday—11/6/2010)</p> <p><i>The Puppy Puzzle (Part C)</i></p> <p>Pat Hasting</p>	