

**Tri-State Breeders Assoc.  
2010 Educational Seminar**



First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

**ACA ACCREDITED SEMINAR**

**ATTENDANCE VERIFICATION STAMP**

10:00 – 12:00 Noon ( Saturday—11/6/2010 )

*Birth to Six Weeks of Age*

Dr. Rick Kessler

Lambert Animal Health



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