

Lori Drouin  
Seminar Registration Form  
March 29,30, 2014

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Dog's Call Name: \_\_\_\_\_ Breed: \_\_\_\_\_  
Titles achieved: \_\_\_\_\_

**Working Spots Only:** Please give a brief description of your dog and what you would like to work on:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Members:

\_\_\_ Working Spots: 1 day \$150 2 days \$275  
\_\_\_ Audit Spots: 1 day \$ 75 2 days \$140

Non Members:

\_\_\_ Working Spots: 1 day \$175 2 days \$300  
\_\_\_ Audit Spots: 1 day \$ 80 2 days \$150

Send Seminar Registration Form and payment (**made payable to OTCPCB**) to Lieselotte Hookey, 8645 Square Lake Drive, Palm Beach Gardens, FL 33418.

Cancellation Policy: \$25 cancellation fee prior to 1/15/14. \$50 cancellation fee 1/16/14 to 2/28/14. No refunds after 2/28/14. **No full refunds are given.**

**Waiver must be signed and accepted prior to attending the seminar.**

I understand that I will not be allowed to enter onto or use this property for any activities unless I am willing to assume all risk of injury to myself and to my dog. I acknowledge that dogs are unpredictable and there are certain risks and dangers inherent to being around them. I hereby release OTCPCB, including its officers, members and directors, instructors, volunteers, and any and all spectators, other participants, animals or vehicles from any liability, loss or damage for any reason. This waiver is in effect once signed, regardless of the date, time or year.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
I accept the conditions of the above disclaimer

\_\_\_\_\_  
(Signature)

