



Seminar/Workshop Registration

Seminar/Workshop Name: _____

Your Name: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

I am a foster with a rescue group: (check)

The rescue group is: (please name) _____

If attending with your dog, please complete:

Dog's Name: _____ Age: _____ Breed: _____

To Pay By Check

Make checks payable to:

Love My Dog Training

To Pay By Credit Card

Go online to:

www.lovedogtraining.com/payment

Select the appropriate seminar/workshop credit card payment option.

Please send registration to:

Love My Dog Training
PO Box 441713 Aurora CO 80044

or

Fax number: 206-666-5264