SPONSOR REGISTRATION FORM

47th LAKE TAHOE EQUINE CONFERENCE
JANUARY 25-29, 2027

PLEASE RETURN *AT YOUR EARLIEST CONVENIENCE* OR BY JANUARY 5, 2027

Name of Attendee(s)_____

Company Name _____

Address _____ City, State _____ Zip Code _____

Cell _____

E-mail _____ Other Guests _____

If representative is a veterinarian who attends the sessions and would like CE credit, please include the following:

License number _____ State _____
(Please, print clearly) (For name tag preparation)

PRINT AND RETURN REGISTRATION FORM TO:
Sharon Spier, DVM, PhD, Program Coordinator
8140 Olive School Lane, Winters, CA 95694