

Registration Form

(Please fill out one form for every person registering)

I am registering for the following workshop(s)/seminar(s): _____

_____ Date: _____

First name: _____ Last name: _____

Street: _____ Apt. #: _____

City: _____ Province: _____ Postal code: _____

Telephone: (____) _____ email: _____

Please send with payment to:

Dogs' Paradise Inc.
134 Heydon Ave.
Alliston, Ontario
Canada L9R 1P1