

2017 AQHA AFFILIATE WORKSHOP

Affiliate Name: \_\_\_\_\_

Name of Attendee: \_\_\_\_\_

AQHA ID# \_\_\_\_\_

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

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

Cell phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Position in Affiliate: (circle one)

Officer: President Vice-President Secretary Treasurer

Volunteer Paid Employee Other \_\_\_\_\_

\*If you are one of the first 50 to register, you will be asked to submit a copy of your hotel bill in order to be reimbursed for one night of your stay, after the seminar.

<b>Office Use Only</b>
<b>Date Received:</b> _____
<b>Hotel:</b> _____
<b>Hotel rate:</b> _____
<b>First 50:</b> _____

**Please email or fax this form to Shelly Spears.**

**Email: *sspears@aqha.org***

**Fax: 806-349-6409**