

Wildlife Handling and Chemical Immobilization Course

Registration Form

(Note: Print this form and return with payment.)

Name: _____		
Agency: _____	Position _____	
Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____	Email: _____	
MasterCard/ Visa (circle one) Card#: _____		
Expiration Date: _____	Signature: _____	
Breakfast and Lunch are included.		
YOUR INFORMATION:		
1. What capture situations and immobilizing drugs would you like to discuss?		
2. What species would you like covered?		
3. What are your needs and expectations for the course?		
4. Do you have any special dietary restrictions?		
5. Are you at least 18 years old?		

PLEASE MAKE CHECKS PAYABLE TO CALIFORNIA WOLF CENTER

MAIL TO:
CALIFORNIA WOLF CENTER
PO BOX 1389
JULIAN, CA 92036

OR FAX TO: 760-888-0333

OR EMAIL TO: ERIN@CALIFORNIAWOLFCENTER.ORG