



2020 EDPA Continuing Education Registration Form
October 22-25, 2020 Katy, Texas

Registration Form (MUST BE SUBMITTED WITH PAYMENT)

Name: _____

Address: _____

Email: _____

Phone #: _____ Cell _____ Home _____

Students: List Attending School/Apprenticeship: _____

Registration Fees: (Must be received by September 30th closing date) ** ½ off 2020 fees for Members and Students

- ____ \$175.00 EDPA Current Member
- ____ \$475.00 Non-Member or In-active Member
- ____ \$100.00 Student EDPA Member
- ____ \$200.00 RACE Wet Lab on Sunday October 25th

*****Lunch is provided and included in fee above for both Friday and Saturday classes.**

Please list any special food requirements or allergies: _____

____ EDPA Founders Appreciation BBQ – Thursday, October 22 at 6:00 PM

____ EDPA Continuing Education RACE Seminars – Friday, October 23 Starting at 8:30 AM

____ EDPA Member Meeting (included with CE Registration) -- Friday, October 23 6:00 – 7:00 PM
Registration is Required Prior to Meeting

____ EDPA Continuing Education Seminars – Saturday October, 24 Starting at 9:00 AM

____ EDPA Social Hour and Live Auction – Saturday October, 24 Starting at 6:30 PM

____ EDPA RACE Approved Wet Labs – Katy Equine Clinic—Sunday, October 25 from 9:00 AM – 12:00 PM

Please submit this registration form to Kristina Rector, Membership Director, to office@EDPAonline.org **WITH**

Credit Card payment to be paid online at: www.EDPAonline.org, click on Contact Us/Payment

OR

Mail Registration Form with a check payable to EDPA and Mail to: **EDPA 2305 S. Day Street Brenham, TX 77833**



2020 EDPA Continuing Education Covid-19 Liability Waiver
October 22-25, 2020 Katy, Texas

By submitting this registration for the EDPA conference on October 22-25, 2020, you are acknowledging that an inherent risk of exposure to Sars CoV-2 (Covid-19) and/or other contagious viruses/illnesses exists in spaces where people convene. By attending the conference, you voluntarily assume all risks of potential exposure and agree to not hold the EDPA, its officers or directors, employees, conference organizers and volunteers liable for injury, illness or even death from such exposure. You also acknowledge that you agree to follow all recommended risk mitigation measures provided by the conference organizers, the facility and any applicable governmental regulations.

Date: _____

Signature: _____

Printed Name: _____