

# Registration for Neo-Natal Clinic at Hilltop Alpacas

Name(s) \_\_\_\_\_

Farm Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Website \_\_\_\_\_

## General Help Questions

Have you attended a Neo-Natal Clinic Before? Yes or No

How many alpacas do you currently own? \_\_\_\_\_

How many years have you been owning or researching alpacas? \_\_\_\_\_

## Payment information

Number of people attending \_\_\_ X \$275.00 = \_\_\_\_\_ Total

You may send this form with payment by check made out to Hilltop Alpacas, to Scott Young,  
Hilltop Alpacas, 7827 County Highway 67, Hancock, NY 13783

Or

Fax form with Credit Card information to (607)637-2389

## Credit Card Information

Name on Credit Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date on Card \_\_\_\_\_

3 digit security code on back \_\_\_\_\_