

Raising the Perfect Dog: Identifying and Avoiding Unwanted Behaviors

Dr. Sophia Yin Workshop Registration

March 17 - 18, 2012

Whatcom Community College, Bellingham, WA

Name: _____

Address: _____

Phone number: _____ email address: _____

Workshop Attendance:

____ Saturday (\$100) ____ Sunday (\$100) ____ Both (\$150)
____ CDTA member Saturday (\$50) ____ CDTA member Sunday (\$50) ____ CDTA Both (\$100)
____ Lunch (\$10) ____ Lunch (\$10) ____ Lunch (\$20)

Yes No Please send me information on hotels in the area

Method of payment: Check Paypal

If paying by check, make payable to CDTA and send to Alecia Elvstad, P. O. Box 38 Custer, WA 98240

If paying by Paypal, go to www.paypal.com and send registration and applicable lunch fees to alecia@pristinemail.net

Yes No Interested in Working Spot If yes, please complete the questionnaire below and return by March 1, 2012. (If chosen, an additional \$25 will be required payable at the workshop.)

For further information, contact Alecia Elvstad at 360 927 7621 or by emailing alecia@elvstad.net



Working Spot Questionnaire

Owner's name: _____

Address: _____

Phone number: _____ email address: _____

Dog's name: _____ Age: _____ Breed: _____

Describe behavior problems, concerns, and issues: (use separate sheet, if necessary)

Yes No Has your dog ever bitten a person?

Yes No Has your dog ever bitten another dog?

If chosen, I understand that I am expected to attend both Saturday's and Sunday's session.

_____ (signature)