

**SCLAR LARGE ANIMAL
EMERGENCY EVACUATION
VOLUNTEERS,
HORSE BASICS & BEYOND 09 COMMITTEE**

We are so pleased that you have offered your time and expertise to this year's Horse Basics & Beyond clinic. We will make every effort to assure your comfort and to assist you in any way possible.

We are preparing a printed program, for which we will need:

1. A Biography on yourself and/or your business
2. An outline of your presentation that will be included in the printed program
3. We are prepared to include a page or two of text in our program, if you could get it to us, prior to September 25, 2009. Please send to us in electronic format so we can manipulate the text to fit in the program.
4. What would you like us to title your presentation in the program? (i.e. *Don Juvet on Overcoming Shyness*).
5. At least one of your business cards, so we can be sure to include all your information in the program, including address, telephone number, e-mail address, web site information, etc.

Here is a brief outline of the day:

- Exhibitor set-up begins at 7:30
- Registration begins at 8:30
- Clinic begins at 9:00 a.m.
- Your presentation is scheduled to begin : _____ and end at _____
- Our day ends at 4:00

- ⇒ Complimentary exhibitor booth space will be available to you at your choice of locations. Please complete and return the enclosed registration form so we can reserve your spot in a conspicuous location at the function. Typical booth size is 10'x10'. Please feel free to contact us if other arrangements are desired.
- ⇒ A hospitality table will also be set up where you may place any literature and/or business cards. It is our pleasure to offer you refreshments and a place to sit and enjoy the function, visit with attendees or just relax in the shade.
- ⇒ Two passes, should you wish to bring guests or assistants. If you desire additional passes, just let us know and we will get them to you.

This is an exciting function for us, and as you are probably aware, our primary fund raiser. We can't thank you enough for your generosity. Proceeds generated from this function will keep us going for another year!

Sincerely,

All of us at S.C.L.A.R

PO BOX 445 • SOMERSET CA • 95684
PHONE: (530)647-6227 • E-MAIL: INFO@SCLAR.ORG
WWW.SCLAR.ORG

Clinician Registration Form

Clinician Name: _____

Any special needs for your presentation? _____

Can we be of any assistance to you? _____

Please check here if you will desire a booth reservation

If we can send you additional passes, please advise here and how many, or if you want them picked up at the door the day of: _____

Additional comments: _____

Please complete and return prior to 9/15/2009
By mail: SCLAR, PO Box 445; Somerset CA 95684
By Fax: (530)622-2063
By e-mail: info@sclar.org
Phone: (530)647-6227