15th International Equine Colic Research Symposium

March 9–11, 2027 | Ocala, Florida
MAIL-IN REGISTRATION FORM

STEP 1: Attendee Information

Please print clearly.

- **Full Name:** _____
- **Degrees / Credentials (e.g., DVM, PhD, DACVS):** _____
- **Organization / Institution / Practice:** _____
- **Mailing Address:** _____
- **City:** _____ **State/Province:** _____
- **ZIP / Postal Code:** _____ **Country:** _____
- **Mobile Phone Number:** _____
- **Email:** _____

STEP 2: Select Registration Category

Rates are in U.S. Dollars ($ USD).

Registration Type	Early Rate (Through Feb. 9, 2027)	Standard Rate (Beginning Feb. 10, 2027)	Selection
Individual	$495	$550	[___]
Veterinary Presenters	$395	$450	[___]
Resident & Graduate Student Presenters	$295	$350	[___]
Residents, Graduate Students, Interns & Veterinary Students	$195	$250	[___]

What's Included with Registration:

- Breakfast for all three days
- Morning/afternoon breaks
- Lunch and evening receptions on two days
- **Continuing Education:** Expected to offer 15+ RACE-approved CE credits *(pending application and approval)*.

STEP 3: Add-On Tour

World Equestrian Center (WEC) & UF Veterinary Clinic Tour

- **Date & Time:** March 11, 2027 | 11:30 a.m. (Bus Pick-up at Manor)
- **Fee:** $25.00 per person
- **Tour Highlights:**
    1. *Stop #1:* Ralph's Burger & Sandwich Shop (Lunch on your own – not included in fee)
    2. *Stop #2:* University of Florida Veterinary Clinic Tour
    3. *Stop #3:* Guided tour of property, WEC expo centers, barns, arenas, plus behind-the-scenes preparations for the Longines League of Nations (March 16–21, 2027).
- **Select Tour:**
    - [ ] Include Tour Fee ($25 USD)
    - Number of Tickets: _____ × 25 =_____

STEP 4: Total Payment Calculation

1. Registration Fee (Step 2): $2. WEC/UFClinicTourFee(Step3)$:_____
2. **TOTAL ENCLOSED / DUE: $_____ USD**

STEP 5: Payment Method

[ ] **Check / Money Order** *(Enclosed, payable to 15th International Equine Colic Research Symposium)*

[ ] **Credit Card**

- **Card Type:** [ ] Visa [ ] MasterCard [ ] American Express
- **Cardholder Name:** _____
- **Card Number:** _____
- **Expiration Date (MM/YY):** _____ / _____
- **CVV Security Code:** _____
- **Billing ZIP / Postal Code:** _____
- **Cardholder Signature:** _____ **Date:** _____

STEP 6: Mail Completed Form & Payment

Please mail this completed form along with your payment to:

Equine Colic Research Symposium Registration
Attn: Keith Kleine
4033 Iron Works Parkway
Lexington, KY 40511

Note: Registrations postmarked after February 9, 2027, will be processed under Standard Registration rates.