



INTERNATIONAL ASSOCIATION OF PROFESSIONAL FARRIERS

CONTINUING EDUCATION SIGN-IN SHEET

Clinic Name:	Date:
Host:	Time:
Location:	
Clinician(s):	
Contact Person:	

Printed Name	IAPF Membership	E-Mail & Phone
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Please make additional copies of this page as needed and return completed form(s) to:

Education@ProfessionalFarriers.com

Or take a picture with a smartphone and text to: (561) 909-7689

Or mail to: IAPF, PO Box 223661, West Palm Beach, FL 33422