



2022 ABdFC National Specialty Reservation Form

Registration Closing Date: 9/08/22

Contact Info

Please complete this form, return via mail at the address listed on page 2.

Print a copy for additional people.

Reservation Information

Name of Person #1 (First/Last)		Name of Person #2 (First/Last)	
Address		City	State/ZIP Code
E-Mail	Phone #1	Phone #2	

Dinners

Awards Buffet Friday at Holiday Inn -\$40

#of people _____

\$ _____
Buffet at
\$40 per person

Welcome BBQ Tuesday - \$6

#of people _____

\$ _____
Welcome BBQ
\$6 per person

Health Testing

\$ _____
at \$100 per dog

Echocardiogram -\$100 - Dr Marshall on Wednesday - Nonrefundable
Number of dogs _____

\$ _____
at \$25 per dog

Auscultation - \$25 - Dr Marshall on Wednesday - Nonrefundable
Number of Dogs _____

No Charge

CHIC Blood Draw - No charge
Number of Dogs _____ on Wednesday _____ on Friday

\$ _____
at \$40 per dog

DNA Cheek Swab - \$40 Nonrefundable
Number of Dogs _____ on Wednesday _____ on Friday

\$ _____
at \$25 per dog

CAER (new CERF)- \$25 - Dr. Beyer on Friday Nonrefundable
Number of Dogs _____

\$ _____
at \$20 per dog

Gonioscopy - \$20 - Dr Beyer on Friday Nonrefundable
Number of dogs _____

Miscellaneous

\$ _____ Reserved Grooming Space (10X10 Space) - \$75
at \$75 per space There is a 2 space limit. ***Assigned based on postmark of your envelope.

\$ _____ Pre-Paid Catalog - \$25
at \$25 each At the Specialty Catalogs will cost more and be in limited supply.

\$ _____
at \$10 per chair Reserved Ringside Seating \$10 per chair
Note: This does not include seating at Top 20.

Completed Form

Please make checks payable to: **ABdFC**

Mail to:

Nancy Scott
5275 S Crocker St
Littleton, CO 80120

Questions?

Email Nancy at cheybouv@aol.com

\$ _____

**TOTAL AMOUNT
DUE**

Postmarked Date	Check Number	Amount	Sent to Treasurer
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