

REGISTRATION FORM

7th Annual Callitrichid Behavioral Husbandry and Management Workshop
May 17-18, 2008
Los Angeles, California

Site Coordinator:
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Please return by April 21, 2008

Name of Attendee: _____

Institution Affiliation: _____

Title: _____

E-Mail: _____

Phone: _____

Can we include your contact information in the workshop materials?
_____yes _____no

Will you be bringing a silent auction item _____yes _____no

Will you need transportation from hotel to zoo for workshop days?
(Currently transportation is not guaranteed from hotel to zoo, we are working on providing it)
_____Saturday _____Sunday

Will you need vegetarian fare: _____yes _____no

Have you attended the workshop before? If you have, please bring your binder.
_____Yes _____First workshop

Will you be attending. . .please check all that apply
_____ Icebreaker _____Saturday _____Sunday

What species of Callitrichid are located at your institution?

Topics of interest for open discussion? Or items you would like more time spent on?

**We would like to receive any digital photos of training or enrichment you might have.
If you can assist us, please include the species, the institution, photographer and list any keepers in photo.**
Thank you for your participation in our workshop. We look forward to seeing you at the Los Angeles Zoo and Botanical Gardens.