



Texas Institute of Equine Dentistry Student \$150.00

Name and Address

Name _____
Street Address (Home) * _____
City (Home) * _____
State (Home) * _____ Postal Code (Home) * _____
Country (Home) _____
Email Address * _____
Phone (Main) * _____
Email Address * _____

Credit Card Information

Card Type Master Visa American Express Discover
Card Number _____
Security Code _____ Expiration Date _____
 Paying by Check Check # _____

Billing Name and Address

Name _____
Billing Address _____
City _____
State _____ Postal Code _____
Country _____

Mail payment to:

IAED
PO Box 1141
Seguin, TX 78156