

PINTO HORSE ASSOCIATION OF AMERICA® , INC.

CONGRESS VIDEO

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Office Use Only:
Order Number:



Exhibitor Information

Name: _____ PtHA® Membership No.: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Class Name: _____ Class No.: _____

Class Name: _____ Class No.: _____

Class Name: _____ Class No.: _____

Class Name: _____ Class No.: _____

Class Name: _____ Class No.: _____

Class Name: _____ Class No.: _____

Class Name: _____ Class No.: _____

I understand:

• Each video cost \$40 per/class

Cost – No. of classes x 40

i.e. 3 x \$40 = \$120

_____ x \$40

Total Charges \$ _____

Method of Payment: <i>U.S. Funds, checks payable to Pinto Horse Association®</i>		
<input type="checkbox"/> Check	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
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Card No.: _____	Exp. Date: _____	CVV#: _____
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