



Test Application

Dallas - Aug. 28-31, 2009

(Specify date(s) you wish to test!)

Registration Deadline: 8/15/09



Location _____	DATE _____
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Member # _____

Name _____

Address _____

City/ST/Zip _____

Phone _____

E-mail Address _____

Proctor(s) To be filled in by Certifier	_____
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Certifier(s) To be filled in by Certifier	_____
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Membership: \$125 1st year **\$100** 1yr. renewal **\$250** 3yr. renewal

TEST FEES: \$50 per written **\$125** per Practical

- | | |
|--|--|
| <input type="checkbox"/> 101 Skin/coat | <input type="checkbox"/> 201 Clipper Techniques |
| <input type="checkbox"/> 102 Topical Cond. | <input type="checkbox"/> 202 Clipper Maintenance |
| <input type="checkbox"/> 103 Parasites | <input type="checkbox"/> 203 Scissor Techniques |
| <input type="checkbox"/> 104 Terminology | <input type="checkbox"/> 204 Art of Styling |
| <input type="checkbox"/> 105 Health/1st Aid | <input type="checkbox"/> 205 Handstripping |
| <input type="checkbox"/> 106 Behavior, part 1 | <input type="checkbox"/> 206 Non-Sporting: <input type="checkbox"/> Poodle <input type="checkbox"/> Bichon |
| <input type="checkbox"/> 107 Behavior, part 2 | <input type="checkbox"/> 207 Sporting: Breed _____ |
| <input type="checkbox"/> 108 Anatomy | <input type="checkbox"/> 208 Terrier: Breed _____ |
| <input type="checkbox"/> 109 Zoonotics | <input type="checkbox"/> 209 Other Breeds |
| <input type="checkbox"/> 110 Breed ID(SB/HND) | <input type="checkbox"/> 210 NS Practical |
| <input type="checkbox"/> 111 Breed ID(WK/TR) | <input type="checkbox"/> 211 SP Practical |
| <input type="checkbox"/> 112 Breed ID(TY/NS/HER) | <input type="checkbox"/> 212 TR Practical |
| <input type="checkbox"/> 113 DermaTech Practical | <input type="checkbox"/> 301 Meritus Thesis (\$1000.00) |
| | <input type="checkbox"/> 302 Meritus Practical (\$1500.00) |

I am entered in the competition and wish to use my contest dogs: **Yes** **No**

Payment by: Check Credit Card, #listed below Money Order Cash

Credit Card # _____

Exp. Date: _____ Amount \$ _____

Stop! Read carefully and sign:

I agree to absolve ISCC and its representatives of any liability which might occur as a result of my participation in ISCC testing. I further agree to accept the decisions of the ISCC Certifiers and their approved representatives as final and binding. I understand the hotel has a **NO DOGS IN SLEEPING ROOMS POLICY** and I agree to pay \$500 to the Crowne Plaza Hotel for each infraction should I fail to respect and comply with the hotel policy that prohibits dog(s) within hotel sleeping rooms, and as such I agree to be held financially liable for any and all such damages and fees, and by my acceptance of these terms & conditions I hereby authorize all applicable and appropriate charges to my credit card.

Signature _____ date _____

Make checks payable and mail to:
ISCC, 2702 Covington Dr., Garland, TX 75040
Fax to: (972) 530-3313 ...or email: iscc@PetStylist.com
Questions? call: (972) 414-9715 — Register on-line: www.petstylist.com