

ARPAS

The American Registry of Professional Animal Scientists

If you are interested in taking an exam please **complete the form below and mail to the address shown.**

Please indicate which meeting you will be attending: _____

Please visit the ARPAS booth onsite or see the ARPAS representative for exam times and information.

Information can be sent via e-mail as it becomes available – please enter your e-mail address below.

Circle which PAS exam(s) you would like to take:

- | | | |
|----------------------|-----------------------|--------------------------------------|
| 1. Aquaculture | 6. Laboratory Animals | 11. Dairy Product Science |
| 2. Beef Cattle | 7. Poultry | 12. Poultry Products |
| 3. Companion Animals | 8. Sheep & Goats | 13. Animal Welfare Auditor – Poultry |
| 4. Dairy Cattle | 9. Swine | |
| 5. Horses | 10. Meat Science | |

NAME _____

ADDRESS _____

PHONE _____ FAX _____

E-MAIL _____

(If you would like information on one of the College **Board** Certification exams, check here _____)

* Please note: If you cannot attend one of the ARPAS meetings, please let us know so we can find an ARPAS member in your area to administer the exam.

____ Yes, please contact me with a list of ARPAS members in my area.

See information about ARPAS, exams, and sample questions at www.arpas.org

PLEASE MAIL THIS FORM TO:

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