

## Equine Medication Monitoring Program Order Form Please indicate the number of items requested in the box next to each item Mail or email this order form to <u>emmp@cdfa.ca.gov</u>:

| Item  | How Many |
|---|----------|
| Application to Register Equine Event (Form 76-024A)         |          |
| Drug Declaration Forms (Form 76-027)                        |          |
| EMMP Address Labels   |          |
| Exhibitor Poster for Posting at Horse Shows or Competitions |          |
| Consignor Poster for Posting at Public Horse Sales          |          |
| Event Manager Brochure                                      |          |
| Information for Exhibitors and Consignors                   |          |
| Drug and Medications Guidelines Booklet                     |          |
| Other   |          |
| Ship to:<br>Name  |          |
| Mailing Address   |          |
| City State Zip  | _        |
| Phone Number  |          |

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