



Potomac Regional Veterinary Conference
 November 10-12, 2017
 The Williamsburg Lodge
 Williamsburg, Virginia
 (P) 804-346-2611 (F) 804-346-2655

Full Conference Registration Fees	<u>Before or on 10/06</u>	<u>After 10/06</u>
___ VMA Member	\$349	\$399
___ Technician	\$349	\$399
___ Non-Member (veterinarian)	\$469	\$519
___ Veterinary or LVT Student	\$50	\$60
Saturday/Sunday Registration Fees		
	<u>Before or on 10/06</u>	<u>After 10/06</u>
___ VMA Member	\$260	\$290
___ Technician	\$260	\$290
___ Non-Member (veterinarian)	\$345	\$385
One-Day Registration Fees		
	<u>Before or on 10/06</u>	<u>After 10/06</u>
___ VMA Member	\$199	\$245
Circle: FRIDAY or SATURDAY		
___ Non-Member (veterinarian)	\$265	\$295
Circle: FRIDAY or SATURDAY		
___ Practice Manager (Friday sessions ONLY)	\$179	\$225
___ Technician (Saturday sessions ONLY)	\$179	\$225
Wet Lab Registration Fee		
	<u>Before or on 10/06</u>	<u>After 10/06</u>
**Bandaging Wet Lab is limited to the first 20 registrants		
___ Technician	\$20	\$30
Speaker Proceedings		
___ (Free) Online Download*	___ (\$30) Practice Management Hard Copy	
___ (\$55) Veterinarian Hard Copy	___ (\$30) Technician Hard Copy	

*All attendees will receive an email in October with a link to view/download the speaker proceedings.

Questions? Email or call the VVMA at info@vvma.org or 804-346-2611

REGISTRATION

Name: _____

First Name for Badge: _____

Credentials: ___ DVM ___ VMD ___ Practice Manager ___ Assistant

___ LVT ___ RVT ___ CVT ___ Other _____

Practice: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Check *all* the sessions that you plan to attend each day:

Friday: ___ Small Animal ___ Equine ___ Public Practice ___ Practice Management

Saturday: ___ Small Animal ___ Equine ___ Public Practice ___ Technician

Sunday: ___ Small Animal ___ Equine ___ Public Practice

Dietary Restrictions: _____

Spouse/Guest Registration: ___ \$155

This registration allows entrance to the exhibit hall and includes continental breakfast Friday-Sunday, Lunch and Breaks on Friday-Saturday and Friday Reception

Spouse/Guest Full Name: _____

Check the box of the primary VMA you participate in to receive the member rate:

___ DCVMA ___ MVMA ___ VVMA ___ WVVMA

Refunds/Substitutions: Refund request must be submitted in writing and received before 10/23/2017. A \$75 administrative fee will be deducted from all refunds. After 10/23, no refunds will be allowed. You may transfer your registration fee to another person's name, free-of-charge.

Online Registration is available at:
www.vvma.org/prvcattendees

PAYMENT: ___ VISA ___ MasterCard ___ American Express ___ Discover ___ Check Enclosed

Credit Card Number _____ Expiration date: _____ Security # _____

Name on Card _____ Signature: _____