

## Virginia Veterinary Conference Registration Form

**Refunds/Substitutions: NO registration refunds will be issued after January 23, 2017.** If you cancel before January 23, a \$75 administrative fee will be deducted from your refund. We do allow registrants to transfer their registration to another person's name.

**Conference Notes: NOTES WILL BE AVAILABLE FOR FREE DOWNLOAD ON THE VVMA WEBSITE IN LATE JANUARY**

**\*Thursday, Friday & Saturday conference fees includes Thursday's Welcome Reception, Friday and Saturday continental breakfasts, all day breaks, lunches and the Friday Exhibitor Appreciation Reception.**

Please list any dietary restrictions: \_\_\_\_\_

Please mark all choices carefully and total your choices in the far right-hand column and bottom of form.

Conference Fees	On or before 1/23/17	After 1/23/17	Speaker Notes (book)	Banquet	Total
<p><b>*Full Conference: Member</b></p> <p><i>Please circle the association you are a member of:</i> VVMA/MVMA/WVMA/DCVMA/VAEP/VAFAP</p>	\$ 285.00	\$375.00	\$65.00	\$72.00	
<p><b>*Full Conference: 2<sup>nd</sup> DVM Member from Same Practice, Retired Member, or 2016 Graduate</b></p> <p><i>Please circle the association you are a member of:</i> VVMA/MVMA/WVMA/DCVMA/VAEP/VAFAP</p>	\$250.00	\$340.00	\$65.00	\$72.00	
<p><b>*Full Conference: Non-Member</b></p>	\$405.00	\$490.00	\$65.00	\$72.00	
<p><b>One Day: Member</b> ___ Friday or ___ Saturday</p> <p><i>Please circle the association you are a member of:</i> VVMA/MVMA/WVMA/DCVMA/VAEP/VAFAP</p>	\$165.00	\$200.00	\$65.00	\$72.00	
<p><b>One Day: Non-Member</b> ___ Friday or ___ Saturday</p>	\$215.00	\$255.00	\$65.00	\$72.00	
<p><b>Student Fee</b> VVMA Student Chapter Members are FREE</p>	\$20.00	\$25.00	\$65.00	\$72.00	
<p><b>Spouse:</b> Name: _____</p>	\$130.00	\$140.00		\$72.00	
<p><b>Additional Banquet Tickets – Adults</b></p>				\$72.00	
<p><b>Children Banquet Tickets (3-12)</b></p>				\$25.00	
<b>Total</b>					<b>\$</b>

**Breakout Sessions: Please check all session(s) that you will be attending.**

**Friday:**

\_\_\_ Small Animal I  
\_\_\_ Small Animal II  
\_\_\_ Public Practice

\_\_\_ Equine  
\_\_\_ Food Animal

**Saturday:**

\_\_\_ Small Animal I  
\_\_\_ Small Animal II

\_\_\_ Equine  
\_\_\_ Food Animal

**Full Name** \_\_\_\_\_ DVM \_\_\_ VMD \_\_\_ Other \_\_\_ **First Name for Badge** \_\_\_\_\_

**2<sup>nd</sup> DVM Name** \_\_\_\_\_ DVM \_\_\_ VMD \_\_\_ Other \_\_\_ **First Name for Badge** \_\_\_\_\_

**Practice Name** \_\_\_\_\_ **Day Phone** \_\_\_\_\_

**Veterinary Students, Class of** \_\_\_\_\_ **Veterinary School** \_\_\_\_\_

**Address** \_\_\_\_\_  
Street City State Zip

**Email Address** \_\_\_\_\_ (confirmation receipt & link to proceedings will be emailed to you)

**Cell Phone:** \_\_\_\_\_ (for admin use, only- if you would like to receive text message notifications before & while you are at the conference)

**Payment Information:** Make checks payable to: **VVMA**; Credit Card Payment: **VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS**

**Card #** \_\_\_\_\_ **Name on Card:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **3 digit security #** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Mail to: VVMA, 3801 Westerre Parkway, Suite D, Henrico, VA 23233 or Fax: 804-346-2655 – Questions: 804-346-2611**