

Virginia Veterinary Conference Registration Form

Refunds/Substitutions: NO registration refunds will be issued after January 21, 2019. If you cancel before January 21, 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 EARLY FEBRUARY.

*Thursday, Friday & Saturday conference fees includes Thursday's Welcome Reception & Presentation, Friday and Saturday continental breakfasts, all day breaks, lunches and the Friday Reception & Awards Ceremony.

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 1/21/19	After 1/21/19	Speaker Notes (book)	Walk-ins on 2/22- 2/23/19	Total
<p>*Full Conference: Member</p> <p>Please circle the association you are a member of : VVMA/MDVMA/WVVMA/DCVMA/VAEP/VAFAP</p>	\$295.00	\$385.00	\$65.00	\$405.00	
<p>*Full Conference: 2nd DVM Member from Same Practice, Retired Member, or 2018 Graduate</p> <p>Please circle the association you are a member of: VVMA/MDVMA/WVVMA/DCVMA/VAEP/VAFAP</p>	\$260.00	\$350.00	\$65.00	\$370.00	
<p>*Full Conference: Non-Member</p>	\$415.00	\$500.00	\$65.00	\$520.00	
<p>One Day: Member ___ Friday or ___ Saturday</p> <p>Please circle the association you are a member of: VVMA/MDVMA/WVVMA/DCVMA/VAEP/VAFAP</p>	\$175.00	\$210.00	\$65.00	\$230.00	
<p>One Day: Non-Member ___ Friday or ___ Saturday</p>	\$225.00	\$265.00	\$65.00	\$285.00	
<p>Student Fee VVMA Student Chapter Members are FREE</p>	\$20.00	\$25.00	\$65.00	\$45.00	
<p>Spouse: Name: _____</p>	\$140.00	\$150.00		\$150.00	
<p>Attending Thursday Reception: Yes / No Attending Friday Awards Ceremony: Yes/ No Please Circle One</p>	Free	Free		Total	\$

Breakout Sessions: Please check all sessions that you will be attending.

<p>Friday:</p> <p>___ Small Animal I ___ Equine ___ Small Animal II ___ Food Animal ___ Public Practice</p>	<p>Saturday:</p> <p>___ Small Animal I ___ Equine ___ Small Animal II ___ Food Animal</p>
<p>Full Name _____ DVM ___ VMD ___ Other ___ First Name for Badge _____</p>	
<p>2nd DVM Name _____ DVM ___ VMD ___ Other ___ First Name for Badge _____</p>	
<p>Practice Name _____ Day Phone _____</p>	
<p>Address _____</p>	
Street	City
State	Zip
<p>Email Address _____ (confirmation receipt & link to proceedings will be emailed to you)</p>	
<p>Veterinary College & Graduation Year _____</p>	

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