

Wyoming Veterinary Medical Association

1841 W Secluded Court

Kuna, ID 83634

Wyoming Veterinary
Medical Association
Summer Meeting
Cheyenne
June 20-22, 2010

“Promoting Animal Welfare”



Tel: 208-922-9431
Fax: 208-922-9435
Email: info1@wyvma.org



Tentative Schedule

Sunday - June 20

1:00 - 5:00

Exhibitor Set Up

6:00

Opening Reception w/Exhibitors

Monday- June 21

7:30am - Buffet Breakfast in Exhibit Hall in
Grand Ballroom AD

8:00 - 10:00
Veterinarian Lectures

10:00-10:15

Break w/ Exhibitors

10:15 - 12:00

Veterinarian Lectures

12:00 - 1:00

Lunch w/Exhibitors

1:00 - 3:00

Veterinarian Lectures

3:00- 3:15

Break w/ Exhibitors

3:15 - 5:00
Veterinarian Lectures

Tuesday - June 22

7:30am - Buffet Breakfast in Exhibit Hall in
Grand Ballroom AD

8:00 - 10:00
Veterinarian Lectures

10:00-10:15

Break w/ Exhibitors_in Exhibitor Hall

10:15 - 12:00
Veterinarian Lectures

12:00 - 1:00

Lunch w/Exhibitors

1:00 - 3:00
Veterinarian Lectures

3:00- 3:15

Break w/ Exhibitors_in Exhibitor Hall

3:15 - 5:00

Veterinarian Lectures



Little America Cheyenne Wyoming

Exhibitor Breakdown after 3:15pm

Wyoming Summer Meeting 2010 Cheyenne

Exhibitor Information

Enclosed is an exhibitor registration form. Below are a few extra details concerning the meeting:

Cost: Exhibitor Space \$400.00

Your investment includes:

- meals for 2 Exhibitors in your booth area
- 10x10 booth (8ft. table and two chairs)
- Electricity to each booth; bring your own extension cord
- Additional exhibitors in your booth may purchase a **\$50** nametag to fully register (this covers meals too).
- exhibit floor is a closed event
- daily breakfast, morning break, afternoon break, and lunches in exhibit hall. You are welcome to sit at the tables during the meals. You can then mix with practitioners while they eat!
- 90 to 100 Veterinarians
- Information published in May/June, July/August WVMA Newsletters.
- Signage during the event.

You are encouraged to bring an auction item to the meeting. You may turn it into the WVMA registration desk personnel for display on June 20th & 21st.

We hope this helps you to familiarize yourself with our meeting and we hope to see you registered as one of our valuable exhibitors. Please make payment of your choice as described on the enclosed registration form

Location: Cheyenne Wyoming

[Little America Hotel & Resort](#)

2800 West Lincoln Way

Cheyenne, WY 82009

Ph: 307-775-8490 or 800-445-6945

Rooms are **Blocked under WY Veterinary Medical Association. Reservation Cut Off date 5/20/2010**

Group ID: 12845

Room Rates/Types

\$107.00 Standard King-Single/Double

\$117.00 Two Queen Beds-Double/Triple

\$127.00 Deluxe Two Queen Beds- Double/Triple

Suites Available ask for pricing when calling.

The WVMA has a block of rooms set aside especially for our group, please use Group ID#**12845** when making your reservation. This is the only way you are guaranteed the discounted room rate. Reservations made **after May 20th will not be guaranteed the low rate, only space availability after May 20**

Check in is at **3 pm**, check out is **Noon**

You must mention that you are with the WVMA to receive these rates

Breaks: 10 am to 10:15 and 3 pm to 3:15 Monday & Tuesday

Lunch: 12 pm to 1pm Monday & Tuesday

DATE: June 20th-22nd

- June 20th set up at 1pm-5pm
- 6pm Opening Reception with Exhibitors
- June 21st all day with Exhibits
- June 22nd all day with Exhibitor break down after 3:15pm

Sponsorships Available:

- Meeting Bags Approx: \$350
- Note Pads Approx: \$200
- Pens Approx: \$200.00
- Speaker- Sponsorships available, Please call for more information.



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Fax: 208-922-9435

E-mail: info1@wyvma.org

Web: www.wyvma.org



Wyoming VMA

Exhibitor Registration Form

June 20-22, 2010 (Set-up 20th 1pm / Break-down 22nd after 4:00pm)

HOW TO REGISTER: (please print or type)

Mail the completed registration form (or duplicated copy) and full check payment to: WVMA Summer Meeting;
1841 W Secluded Court, Kuna, ID 83634 OR Credit Card Acceptance: Fax this form to (208)922-9435

****EXHIBITOR(S) NAME:** 1. _____ 2. _____
COMPANY NAME: _____
COMPANY ADDRESS: _____
CITY / STATE / ZIP: _____
COMPANY PHONE: (____) _____
EXHIBITOR(S) ADDRESS: _____
PHONE: (____) _____ **FAX:** (____) _____ **Email:** _____

***Only distributor employees are allowed to exhibit in each company booth.*

MAIL EXHIBITS TO: Please address exhibits to: Name of Guest, WY Veterinary Medical Association – (6/20 – 6/22), Little America Hotel & Resort, 2800 West Lincoln Way, Cheyenne, WY 82009 No more then 5 days before.

SPEAKER SPONSORSHIPS: If you have a speaker on your corporate speaker bureau who you would like to sponsor, please contact us at the WVMA office as soon as possible.

SPONSORSHIP (optional)

Meeting Bags = approx. \$350 _____ Note Pads = approx. \$200 _____ Pens = approx. \$200 _____

BOOTH SPACE:

Please reserve _____ booth space(s) for our company. \$400 per 10' x 10' booth (includes table & two chairs).
 If you would like additional space you need to purchase a second booth.
 There is a charge for additional table and chairs. There will be electricity to each booth but no extension cords available.

FIRST COME! FIRST SERVED!

100% Refunds will be offered prior to May 28*50% Refunds will be offered prior to June 11*
 No Refunds after June 11; Subs are encouraged

MEALS ARE INCLUDED FOR TWO EXHIBITORS PER BOOTH :

(meals are 6/21 & 6/22 breakfast and lunch)

We are ordering _____ additional nametag(s) _____

Host Hotel Reservations:

Little America Hotel, Cheyenne, WY 82009 - Single/double = \$117 per night plus taxes – **800-445-6945**

***Must place reservations before May 20, 2010 to receive this rate. Tell the reservationist you are with the Wyoming Veterinary Medical Association so you will receive our contracted rate.**

Networking & Fun opportunities!

Please let us know if you are going to bring something that will be donated to the auction.

Auction items: Please bring your auction item(s) to the WVMA registration area **on June 20th, 2010**

What item will you be donating? _____

SUBTOTALS: Booth \$ _____ Additional Nametags \$ _____ **TOTAL ENCLOSED:\$** _____

Name on Card: _____ Exp. Date: _____/_____/_____

Card # _____

Billing address: _____

Please list any ADA needs: _____