



2018 WVMA Summer Meeting Registration



June 24-26, 2018 at the University of WY conf. center at the Hilton Garden Inn (2229 Grand Ave, Laramie)
Registration, schedule, speaker bios, and topic descriptions available online at www.wyvma.org

Name: _____ Designation (DVM, LVT, etc.) _____

Clinic: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

<p><u>1. Veterinarian Registration:</u></p> <p>Full Early Registration (Postmarked before June 1st)</p> <p><input type="checkbox"/> \$240 WVMA Member</p> <p><input type="checkbox"/> \$320 Non-Member</p> <p>Full Regular Registration (Postmarked after June 1st)</p> <p><input type="checkbox"/> \$280 WVMA Member</p> <p><input type="checkbox"/> \$360 Non-Member</p> <p>One Day Registration</p> <p><input type="checkbox"/> \$160 - Monday only</p> <p><input type="checkbox"/> \$160 - Tuesday only</p> <p><u>Technician Registration:</u></p> <p><input type="checkbox"/> \$70 - Accompanied by veterinarian</p> <p><input type="checkbox"/> \$170 - Regular Registration</p>	<p><u>2. Proceedings</u> (Please check one)</p> <p><input type="checkbox"/> PDF emailed before meeting - \$0</p> <p><input type="checkbox"/> USB thumb drive + \$5</p> <p><input type="checkbox"/> Printed manual + \$40</p> <p><u>3. Lab Registration: Equine Dental Radiography</u> (additional fee) - Must be registered (full or one day) to attend this lab. Please bring your own lead apron.</p> <p><input type="checkbox"/> Yes, I would like to participate. + \$25</p> <p><u>Meals:</u> Please check the meals you plan to attend. Included with registration. For planning only.</p> <p>Monday, 6/25: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch</p> <p>Tuesday, 6/26: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch</p> <p><u>Events:</u> Please check the events you plan to attend.</p> <p>Sunday, 6/24: <input type="checkbox"/> WSVL tour <input type="checkbox"/> Opening Reception</p> <p>Monday, 6/25: <input type="checkbox"/> Steak Fry</p>
--	---

4. Guest Registration:

Name: _____

Meals and Events guest will attend:

- | | |
|--|--|
| Sunday, 6/24: <input type="checkbox"/> WSVL Tour | <input type="checkbox"/> Opening Reception |
| Monday, 6/25 <input type="checkbox"/> Breakfast + \$15 | <input type="checkbox"/> Lunch + \$20 <input type="checkbox"/> Steak Fry |
| Tuesday, 6/26: <input type="checkbox"/> Breakfast + \$15 | <input type="checkbox"/> Lunch + \$20 |

1. Registration fee: _____

2. Proceedings: _____

3. Lab Fee: _____

4. Guest Meals: _____

TOTAL ENCLOSED _____

Check # _____ or Credit Card

Name on card: _____

Card number: _____ Exp date: _____

Card billing address: _____

Signature: _____

Return registration to the WVMA:

MAIL: PO Box 241, Timnath, CO 80547

FAX: 877-334-2565

SCAN/EMAIL: info@wyvma.org

Questions? Call 800-272-1813