

Virginia Veterinary Conference Registration Form

Refunds/Substitutions: NO registration refunds will be issued after February 1, 2016. If you cancel before February 1st, we will refund your registration fee but a \$75 administrative fee will be deducted. We **do allow** registrants to transfer their registration to another person's name.

Conference Notes: NOTES WILL BE AVAILABLE FOR FREE DOWNLOAD AT THE VVMA WEBSITE IN EARLY FEBRUARY

***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 1/29/16	After 1/29/16	Speaker Notes Book Format	Banquet	Total
*Thur., Fri., & Sat.: Member <i>Please circle the association you are a member of to receive this discounted conference rate:</i> VVMA/MVMA/WVMA/DCVMA/VAEP/VAFAP	\$ 285.00	\$375.00	\$65.00	\$72.00	
2nd DVM Member from Same Practice, Retired Member, or 2015 Graduate <i>Please circle the association you are a member of to receive this discounted conference rate:</i> VVMA/MVMA/WVMA/DCVMA/VAEP/VAFAP	\$250.00	\$340.00	\$65.00	\$72.00	
Non-Member	\$405.00	\$490.00	\$65.00	\$72.00	
One Day Member Fee ____ Friday or ____ Saturday <i>Please circle the association you are a member of to receive this discounted conference rate:</i> VVMA/MVMA/WVMA/DCVMA/VAEP/VAFAP	\$165.00	\$200.00	\$65.00	\$72.00	
One Day Non-Member Fee ____ Friday or ____ Saturday (check day attending)	\$215.00	\$255.00	\$65.00	\$72.00	
Student Fee VVMA Student Chapter Members are FREE	\$20.00	\$25.00	\$65.00	\$72.00	
Spouse	\$130.00	\$140.00		\$72.00	
Additional Banquet Tickets – Adults				\$72.00	
Children Banquet Tickets (3-12)				\$25.00	
					\$

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

Friday:

____ Small Animal I ____ Equine
____ Small Animal II ____ Food Animal
____ Public Practice

Saturday:

____ Small Animal I ____ Equine
____ Small Animal II ____ Food Animal
____ Complementary Medicine

Full Name _____ DVM ____ VMD ____ Other ____ First Name for Badge _____

2nd 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 of registration will be emailed to you)

Spouse attending food functions (+\$130), First & Last Name _____ First Name for Badge _____

Payment Information: Make checks payable to: **Virginia Veterinary Medical Association**

Credit Card Payment: **VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS**

Card # _____ (Credit card billing street address & zip code)
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