

Full Name (will be printed on badge) _____

Clinic / Practice _____

Practice Type _____ College / Grad Yr. _____

Mailing Address _____

City _____ State _____ Zip _____

Email (required) _____ Phone _____

SELECT A REGISTRATION TYPE

One registrant per form.

STUDENT	by 12/31	after 12/31
Veterinary Student	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25
Technician Student	<input type="checkbox"/> \$35	<input type="checkbox"/> \$35

RABIES BOOSTER Rabies Booster must be pre-ordered. Payment due on-site. Cost unknown until vaccine is ordered - approximately \$250.

MEALS & EVENTS

*RSVP REQUIRED.

VETERINARY STUDENTS

- Friday, 1/25
Exhibit Hall Lunch \$25
- Saturday, 1/26
Membership Breakfast \$30
- Saturday, 1/26
Exhibit Hall Lunch \$25

TECHNICIAN STUDENTS

- Friday, 1/25
Exhibit Hall Lunch \$25
- Saturday, 1/26
Membership Breakfast* FREE
- Saturday, 1/26
Exhibit Hall Lunch FREE

TICKETED EVENTS

- After Party** - Friday, 1/25 @ 6:00 pm
No. of Tickets ____ x \$90 ea. Total \$____
- CVM Lunch** - Saturday 1/26 @ 12:30 p.m.
No. of Tickets ____ x \$25 ea. Total \$____

DIETARY REQUIREMENTS

- Vegetarian Gluten-Free Vegan

PAYMENT INFORMATION

Total Amount \$ _____ Check Visa MasterCard American Express

Name on Card _____

Card Number _____ Exp. _____ CVC _____

Billing Address _____

City _____ State _____ Zip _____

Signature _____

Cancellations must be written to: OVMA, PO Box 14521, Oklahoma City, OK 73113. No refunds after January 07, 2019. Refunds before that date will be less \$20. No refunds will be given on meal tickets. Registration confirmations will be sent by email only.

TO SUBMIT YOUR REGISTRATION:

Email: admin@okvma.org
Fax: (405) 478-7193
Mail: OVMA, PO Box 14521, Oklahoma, OK 73113

STUDENT

NOTE: One (1) guest registration per attendee. Guest must have badge to enter Exhibit Hall. Guest Registration is \$10.00. Guest registration is not intended for veterinarians, technicians or veterinary staff (*even if CE credit is not desired*).

ATTENDEE INFORMATION

Registered Attendee Name (*required*) _____

Attendee Registration Type: Veterinarian Veterinary Student Technician Office Staff

Clinic / Practice _____

Email (*required*) _____ Phone _____

GUEST REGISTRATION INFORMATION

Guest Name (*will be printed on badge*) _____

Email (*required*) _____ Phone _____

Guest Registration Fee \$10

This fee allows your guest to receive a Conference Badge, access to the Exhibit Hall, and any purchase meal events.

GUEST MEALS & EVENTS

LUNCHES (*Select a Fri. & Sat. option*)

Friday, 1/25

Exhibit Hall Lunch \$25

Legacy Lunch \$35

Saturday, 1/26

Membership Breakfast \$30

Saturday, 1/26

Exhibit Hall Lunch \$25

DIETARY REQUIREMENTS

Vegetarian

Gluten-Free

Vegan

TICKETED EVENTS

After Party - Friday, 1/25 @ 6:00 p.m.

No. of Tickets _____ x \$90 ea. Total \$_____

CVM Lunch - Saturday, 1/26 @ 12:30 p.m.

No. of Tickets _____ x \$25ea. Total \$_____

PAYMENT INFORMATION

Total Amount \$ _____ Check Visa MasterCard American Express

Name on Card _____

Card Number _____ Exp. _____ CVC _____

Billing Address _____

City _____ State _____ Zip _____

Signature _____

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GUEST