

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.*

OFFICE STAFF	by 12/31	after 12/31
Office Staff Registration <i>Technicians my NOT register and attend as staff.</i>	<input type="checkbox"/> \$55	<input type="checkbox"/> \$75
<input type="checkbox"/> RABIES BOOSTER <i>Rabies Booster must be pre-ordered. Payment due on-site. Cost unknown until vaccine is ordered - approximately \$250.</i>		

MEALS & EVENTS

<p>LUNCHES</p> <p><i>Friday, 1/25</i></p> <p>Exhibit Hall Lunch <input type="checkbox"/> \$25</p> <p><i>Saturday, 1/26</i></p> <p>Membership Breakfast <input type="checkbox"/> \$30</p> <p><i>Saturday, 1/26</i></p> <p>Exhibit Hall Lunch <input type="checkbox"/> \$25</p>	<p>DIETARY REQUIREMENTS</p> <p><input type="checkbox"/> Vegetarian</p> <p><input type="checkbox"/> Gluten-Free</p> <p><input type="checkbox"/> Vegan</p>	<p>TICKETED EVENTS</p> <p><input type="checkbox"/> After Party - Friday, 1/25 @ 6:00 pm No. of Tickets ____ x \$90 ea. Total <input type="checkbox"/> \$_____</p> <p><input type="checkbox"/> CVM Lunch - Saturday, 1/26 @ 12:30 p.m. No. of Tickets ____ x \$25 ea. Total <input type="checkbox"/> \$_____</p>
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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.

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 purchased 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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TO SUBMIT YOUR REGISTRATION:

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

GUEST