

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 - FREE for CE & Exhibit Hall/ MEALS NOT INCLUDED** by 12/31

Veterinary Student   
Technician Student

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

**MEALS & EVENTS NOT INCLUDED IN FREE REGISTRATION**

\*RSVP REQUIRED.

**VETERINARY STUDENTS**

Friday, 1/24  
**Exhibit Hall Lunch**  \$25

Saturday, 1/25  
**Membership Breakfast**  \$30

Saturday, 1/25  
**Exhibit Hall Lunch**  \$25

**TECHNICIAN STUDENTS**

Friday, 1/24  
**Exhibit Hall Lunch**  \$25

Saturday, 1/25  
**Membership Breakfast\***  \$30

Saturday, 1/25  
**Exhibit Hall Lunch**  \$25

**TICKETED EVENTS**

**Corn To Be Wild-** Friday, 1/24 @ 6:00 pm  
No. of Tickets \_\_\_\_\_ x \$50 ea. Total  \$\_\_\_\_\_

**Purchase Proceedings Jump Drive**  
Qty: \_\_\_\_\_ x \$25 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 \$75.00. 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  \$75

*This fee allows your guest to receive a Conference Badge, access to the Exhibit Hall, Membership Breakfast and lunch events (including Legacy Lunch)*

### GUEST MEALS & EVENTS INCLUDED

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

*Friday, 1/24*

Exhibit Hall Lunch

Legacy Lunch - Only  \$35

Legacy Lunch - Guest

*Saturday, 1/25*

Membership Breakfast

*Saturday, 1/25*

Exhibit Hall Lunch

#### DIETARY REQUIREMENTS

Vegetarian

Gluten-Free

Vegan

#### TICKETED EVENTS

**Corn To Be Wild**- Friday, 1/24 @ 6:00 p.m.

No. of Tickets \_\_\_\_\_ x \$50 ea. 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**