

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.

TECHNICIAN

by 12/31

after 12/31

OVTA Member Technician Registration

\$155

\$175

OVTA Non-Member Technician and Veterinary Assistant Registration

\$180

\$200

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

RECOVER TRAINING \$75 RECOVER CPR Life Support Rescuer 4 hour Certification. Certification last 2 years. LIMIT: 20 Attendees

MEALS & EVENTS- INCLUDED IN REGISTRATION

MEAL TICKETS ARE INCLUDED WITH REGISTRATION BUT ARE ONLY PROVIDED FOR THE ITEMS YOU SELECT BELOW.

LUNCHES

Friday, 1/24

Exhibit Hall Lunch

Saturday, 1/25

Membership Breakfast

Exhibit Hall Lunch

DIETARY REQUIREMENTS

Vegetarian

Gluten-Free

Vegan

TICKETED EVENTS : NOT Included

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 \$_____

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 07,2020. 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

TECH

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

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 @ 6:00p.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