

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 - PRACTICE MEMBER	by 12/31	after 12/31
	<input type="checkbox"/> \$120	<input type="checkbox"/> \$140
OFFICE STAFF - NON-MEMBER		
	<input type="checkbox"/> \$150	<input type="checkbox"/> \$170

Office Staff Registration
Technicians may **NOT** register and attend as staff.

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

MEALS & EVENTS INCLUDED: PLEASE SELECT

<p>LUNCHES</p> <p>Friday, 1/24</p> <p>Exhibit Hall Lunch <input type="checkbox"/></p> <p>Saturday, 1/25</p> <p>Membership Breakfast <input type="checkbox"/></p> <p>Saturday, 1/25</p> <p>Exhibit Hall Lunch <input type="checkbox"/></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 : Not INCLUDED</p> <p><input type="checkbox"/> Corn To Be Wild - Friday, 1/24 @ 6:00 pm</p> <p>No. of Tickets _____ x \$50 ea. Total <input type="checkbox"/> \$_____</p> <p>Purchase Proceedings Jump Drive</p> <p><input type="checkbox"/> Qty: _____ x \$25ea. Total <input type="checkbox"/> \$_____</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

STAFF

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

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: Not INCLUDED

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 _____

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

GUEST