

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 1/14	after 1/14
Office Staff Registration	<input type="checkbox"/> \$150	<input type="checkbox"/> \$170
<i>Technicians my NOT register and attend as staff.</i>		
<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 & PROCEEDINGS (RSVP Required)

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

<p>LUNCHES* (Select a Fri. & Sat. option)</p> <p><input type="checkbox"/> Exhibit Hall Lunch - Friday, 1/29</p> <p><input type="checkbox"/> Legacy Lunch ** \$35.00 - Friday, 1/29</p> <p><input type="checkbox"/> Membership Lunch - Friday, 1/29</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>PROCEEDINGS</p> <p><input type="checkbox"/> Proceedings Jump Drive</p> <p>Quantity _____ x \$35 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, 13917 Quail Pointe Dr, Oklahoma City, OK 73134. No refunds after January 14, 2021. Refunds before that date will be less 20%. No refunds will be given on meal tickets. Registration confirmations will be sent by email only. Registration and attendance at, or participation in the Oklahoma Veterinary Conference or other OVMA meetings and other activities constitutes an agreement by the registrant for OVMA's use and distribution (both now and in the future) of the registrant or attendee's contact information on attendee lists. By taking part in this event you also grant the OVMA full rights to use the images resulting from photography and/or video filming, and any reproductions or adaptations of the images for membership recruitment, publicity, or other purposes. This might include (but is not limited to), the right to use them in OMVA's printed and online publicity, social media, news releases and marketing materials.

TO SUBMIT YOUR REGISTRATION:

Email: admin@okvma.org
 Fax: (405) 478-7193
 Mail: OVMA, 13917 Quail Pointe Dr, Oklahoma City, OK 73134

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, and lunch events.

GUEST MEALS

LUNCHES (Select an option)

Friday, 1/29

Exhibit Hall Lunch

Membership Lunch

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 _____

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GUEST