

Full Name (will be printed on badge) \_\_\_\_\_

Clinic / Practice \_\_\_\_\_

Practice Type \_\_\_\_\_ College / Grad Yr. \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email (required) \_\_\_\_\_ Phone \_\_\_\_\_

**JOIN / RENEW TODAY!**

Discounted pricing for all OVMA Members.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Active: \$305  | <input type="checkbox"/> 2020 Grad: FREE  | <input type="checkbox"/> Non-Resident: \$170    |
| <input type="checkbox"/> Retired: \$170 | <input type="checkbox"/> 2019 Grad: \$153 | <input type="checkbox"/> OSU CVM Faculty: \$170 |

**SELECT A REGISTRATION TYPE**

One registrant per form.

VETERINARIAN	by 1/14	after 1/14
OVMA Member or other state Assoc.	<input type="checkbox"/> \$375	<input type="checkbox"/> \$430
Non-Member	<input type="checkbox"/> \$565	<input type="checkbox"/> \$650
OVMA Member 2019 Grad	<input type="checkbox"/> \$200	<input type="checkbox"/> \$310
OVMA Member 2020 Grad	<input type="checkbox"/> \$170	<input type="checkbox"/> \$270
OVMA Life / Retired Member	<input type="checkbox"/> \$255	<input type="checkbox"/> \$295
Legacy Lunch Only (Exclusive to OVMA Life / Retired Members)**	<input type="checkbox"/> \$35	N/A

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

**MEALS & PROCEEDINGS**

(RSVP Required)

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

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

- Exhibit Hall Lunch - Friday, 1/29
- Legacy Lunch\*\* \$35.00 - Friday, 1/29
- Membership Lunch - Saturday, 1/29

**DIETARY REQUIREMENTS**

- Vegetarian
- Gluten-Free
- Vegan

**PROCEEDINGS**

- Proceedings Jump Drive
- Quantity \_\_\_\_\_ x \$35 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, 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

**VET**

**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 Lunch and other lunch events (including Legacy Lunch).*

### GUEST MEALS (RSVP Required)

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

- Exhibit Hall Lunch - Friday, 1/29
- Legacy Lunch - Friday, 1/29
- Membership Lunch - Friday, 1/29

#### 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**