



REGISTRATION FORM

14 hours of C.E. available!

Save time and money! Register on-line at www.michvma.org Refunds, less \$50, will be made for cancellations received before July 14, 2017.

PRIMARY REGISTRANT

NAME _____

STREET ADDRESS _____

CITY / STATE / ZIP _____

PHONE _____

E-MAIL (REQUIRED) _____

FULL CONFERENCE REGISTRATION

You must fill out a separate registration form for each primary registrant.

PRIMARY REGISTRANT (choose one)	MAIL/FAX BY JULY 14	ON-SITE	
	↓	↓	
MVMA or other state VMA member	\$359	\$409	\$ _____
All other veterinarians	\$469	\$519	\$ _____
Veterinary Technicians or Practice Staff	\$259	\$309	\$ _____
MVMA Veterinary Practice Staff Affiliate	\$229	\$279	\$ _____

ADULT GUESTS / SIGNIFICANT OTHER

Non-veterinarian guests/significant other, and youth 18 and over. Includes Sunday evening Welcome Reception and Monday evening Mountaintop Dinner (chair lift ride included) and all yoga sessions.

_____ Number of adult guests (ages 18 and over) @ \$79 each \$ _____

FIRST & LAST NAME _____

FIRST & LAST NAME _____

FIRST & LAST NAME _____

FIRST & LAST NAME _____

CHILDREN

Includes Sunday evening Welcome Reception, Mountaintop dinner, and chair lift ride.

_____ Number of children (ages 5-17) @ \$39 each \$ _____

FIRST & LAST NAME _____

FIRST & LAST NAME _____

FIRST & LAST NAME _____

MONDAY OPTIONAL BOX LUNCH

_____ Cherry Chicken Croissant (dried cherries, lettuce, tomato & onion on a pretzel croissant) @ \$20 \$ _____

_____ Smoked Turkey Wrap (thin-sliced turkey, avocado, lettuce, cucumber, tomato, feta, honey herb vinaigrette) @ \$20 \$ _____

_____ Veggie Delight (grilled mushrooms & seasonal veggies, lettuce, tomato, onion, hummus, and feta on a tomato-basil tortilla) @ \$20 \$ _____

All box lunches come with chips, fruit, cookie, and a beverage.

TOTAL REGISTRATION FEE

\$

PAYMENT

Payment must accompany registration. Make checks payable to: MVMA.
Mail or fax registration form to: 2144 Commons Parkway, Okemos, MI 48864-3986
TEL 517/347-4710 • FAX 517/347-4666 • www.michvma.org

NAME AS IT APPEARS ON CREDIT CARD _____

CREDIT CARD BILLING ADDRESS _____

CITY / STATE / ZIP _____

CARD NUMBER _____ VISA MASTERCARD DISCOVER

CVV NUMBER _____ EXPIRATION DATE _____

SIGNATURE _____