



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 August 3, 2018.

PRIMARY REGISTRANT

NAME _____

STREET ADDRESS _____

CITY / STATE / ZIP _____

PHONE _____

E-MAIL (REQUIRED) _____

HOSPITAL / CLINIC _____

FULL CONFERENCE REGISTRATION

PRIMARY REGISTRANT (choose one)	MAIL/FAX BY AUGUST 3	ON-SITE	
MVMA Member Veterinarian	\$379	\$429	\$ _____
All other Veterinarians	\$489	\$539	\$ _____
MVMA Member Technician or Hospital Staff ..	\$249	\$299	\$ _____
All other Technicians or Hospital Staff	\$279	\$329	\$ _____

If you are registering as an MVMA member keep in mind that your membership must be current at the time of the event. Take time to renew your membership to avoid an onsite hassle. Thank you!

Individual Type: Veterinarian Practice Manager Technician
 Hospital Staff Other

VIP REGISTRATION:

- Reserved VIP seats in each session with access to power for devices.
- Extra drink ticket for the Gate House Event – Monday night.
- Dinner with a speaker – this is limited to a first come, first served basis.
Dinner will be Sunday evening only at 7:30 PM. This does not include spouses or other guests. (Reserved tables in MVMA's section of the main dining room.)

Choose your speaker preference (select one):

- Dr. Andy Roark, MS
 Dr. C. Guillermo Couto, DACVIM
 Dr. Jared Galle, DACVIM

You must be a Grand Hotel guest or purchase a dinner ticket (\$80) from Grand Hotel at the hotel's guest check-in area.

VIP Registration: \$50

NON-VETERINARIAN GUESTS

Includes Sunday evening Welcome Reception and Monday evening Sunset Serenade DJ and Karaoke Party.

_____ Number of adult guests (ages 18 and over) @ \$89 each \$ _____

FIRST & LAST NAME _____

FIRST & LAST NAME _____

FIRST & LAST NAME _____

FIRST & LAST NAME _____

CHILDREN

Includes Sunday evening Welcome Reception, Sunset Serenade DJ and Karaoke Party.

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

FIRST & LAST NAME _____

FIRST & LAST NAME _____

FIRST & LAST NAME _____

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 ON CARD _____

CARD NUMBER _____ VISA MASTERCARD DISCOVER

EXPIRATION DATE _____ CVV NUMBER _____

BILLING ADDRESS IF DIFFERENT _____

CITY / STATE / ZIP _____

SIGNATURE _____

PAYMENT TOTAL

\$