



# REGISTRATION FORM

MAIL/FAX ADMIN. FEE BY JAN. 8      ON-SITE

**REGISTRATION DEADLINE**  
Registration must be received by January 7, 2019. After January 7, the on-site rate will apply. MVMA will mail your registration materials in advance if you preregister by January 7. Just watch for your registration packet in the mail and be sure to bring it with you to the MVC. **You are not required to check-in if you received your name badge in the mail.**

**JANUARY 25-27, 2019 • LANSING, MICHIGAN**

- ▶ **PHOTO CONSENT:** By registering for the MVC, you agree to MVMA's use of promotional photos in or on their website or newsletter.
- ▶ **SEPARATE FORM:** Please submit a separate form for each person registering. (Exception: significant other/guest.)
- ▶ **I.D. BADGES:** All attendees must wear their own conference identification badge. Badge sharing, splitting, and copies are prohibited.
- ▶ **REFUNDS:** Refunds, less \$60, will be made for cancellation requests submitted in writing to [registrations@michvma.org](mailto:registrations@michvma.org) no later than January 7, 2019. MVC regrets that no refunds will be issued for later cancellations or no-shows.
- ▶ **SPECIAL ASSISTANCE** requests should be submitted by January 2, 2019. Call MVMA at (517) 347-4710.
- ▶ **NAME BADGE INFORMATION:** (name badge reprint charge, \$5.00)
- ▶ **CONTACT INFORMATION:**  
The address you enter below will be used to mail your registration materials if you register by January 7. We will not mail to addresses outside the U.S.; these packets will be available for pickup at the MVC.

ATTENDEE'S FIRST & LAST NAME (FOR NAME BADGE)

- ▶ **TYPE OF BADGE HOLDER (check one):**
- Veterinarian     LVT     Non-veterinarian office staff

E-MAIL (REQUIRED AND CANNOT BE DUPLICATED FOR ANY OTHER REGISTRANT!)

DAYTIME TELEPHONE

STREET ADDRESS

ADDRESS LINE 2

CITY / STATE / ZIP

**REGISTRATION: ENTIRE CONFERENCE (choose one)**

*Includes exhibitors' reception, MSU-CVM reception, and free lunches.*

MVMA or other State VMA member	..... \$365	..... \$435	\$ _____
MVMA 2018 graduate member	..... \$265	..... \$335	\$ _____
MVMA life member	..... \$195	..... \$265	\$ _____
Non-member veterinarian in Michigan	..... \$515	..... \$585	\$ _____
Licensed Veterinary Technician	..... \$265	..... \$335	\$ _____
Non-licensed office staff	..... \$265	..... \$335	\$ _____
Veterinary Practice Staff Affiliate Member*	..... \$235	..... \$305	\$ _____

\*You must be an MVMA affiliate member, not just work for an MVMA veterinarian member.

**ONE-DAY REGISTRATION (choose one)**

*Includes exhibitors' reception, MSU-CVM reception, and free lunches.*

MVMA or other State VMA member	..... \$255	..... \$315	\$ _____
Non-member veterinarian in Michigan	..... \$405	..... \$465	\$ _____
Licensed Veterinary Technician	..... \$195	..... \$255	\$ _____
Non-licensed office staff	..... \$195	..... \$255	\$ _____
Veterinary Practice Staff Affiliate Member*	..... \$185	..... \$245	\$ _____

\*You must be an MVMA affiliate member, not just work for an MVMA veterinarian member.

- ▶ **CHECK DAY:**  Friday     Saturday     Sunday (Sunday-only excludes wet labs; fee = \$125)

**SIGNIFICANT OTHER / GUEST REGISTRATION (NON-VETERINARIAN)**

Social events only (no seminars) @ \$65.00 ..... \$ \_\_\_\_\_

*Includes exhibitors' reception, exhibit hall access, MSU-CVM reception, and free lunches.*

BADGE INFO: FIRST & LAST NAME

**WET LABS**

You must be a paid registrant for the conference on the day you are attending the wet lab, and for the wet lab you wish to attend.

**VETERINARIANS ONLY**

- Equine Lameness Wet Lab (15 participants; fee: \$75) ..... \$ \_\_\_\_\_
- Exotics Wet Lab\* (20 participants; fee: \$50) ..... \$ \_\_\_\_\_

\*Registration and attendance is mandatory for Saturday's lecture on Elective Altering in Exotic Companion Mammals: More Than One Way To Do It.

**VETERINARY TECHNICIANS ONLY**

- CPR for Vet Techs Wet Lab (20 participants; fee: \$40) ..... \$ \_\_\_\_\_

**TOTAL CONFERENCE FEES**

NAME ON CARD (PRINT)

CREDIT CARD NUMBER  VISA  MASTERCARD  DISCOVER

EXPIRATION DATE      CVV # (SECURITY CODE)

CREDIT CARD BILLING ADDRESS: STREET

CITY / STATE / ZIP