



November 15, 2018
Harmony Equine Center
Franktown, CO

Name _____ Guest Name _____
DVM VMD CVT Other (non-veterinarian/non-veterinary technician)

Hospital/Clinic Name _____

Address _____ City/State/Zip _____

E-mail _____ Phone _____

Registration rate is based on your membership level and includes lunch
(Not sure of your membership level? Log on at colovma.org or call CVMA 303.318.0447)

Table with 3 columns: Registration Category, By 10/29/18, After 11/12/18. Rows include Full Day Registration and Lecture-Only Registration with various membership levels and prices.

Registration Total \$ _____

Dietary Restriction? _____

Payment Information

Check enclosed (payable to CVMA) OR Charge to my Visa MasterCard Discover AmEx

Account Number _____ Expiration Date _____ CV Code _____

Billing address / city / state _____ Billing zip code _____

Name on Card _____ Signature _____ Date _____

Neither seating nor lecture notes is guaranteed for onsite registrants. Cancellations submitted in writing prior to November 12, 2018 will receive a full refund minus a \$50 processing fee. No refunds or cancellations after this date or for no-shows.