



June 2-4, 2017

Wine Country Inn | Palisade, 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 receptions and lunch
(Not sure of your membership level? Log on at colovma.org or call CVMA 303.318.0447)

Registration deadline is 5/12/2017

Table with 3 columns: Membership Level, Price (Before 05/12/17), Price (After 05/12/17). Includes rows for CVMA Member Premium, CVMA Member Premium (with discount coupon), CVMA Member Core, CVMA Member Basic, Veterinary Technician/Other Professional Staff, Nonmember DVM, and Registration subtotal.

Please tell us if you will join us for the following events:

Friday, June 2

5:00-6:00 PM - Welcome Reception
 Yes, I will attend  Yes, my guest will attend
 No, I will not attend

Saturday, June 3

12:00 PM - 1:00 PM - Lunch buffet
 Yes, I will attend  Guest (\$15 pp) subtotal \$\_\_\_\_\_
 No, I will not attend

5:00-6:00 PM - Evening Reception
 Yes, I will attend  Yes, my guest will attend
 No, I will not attend

6:00 PM - Wine Pairing Dinner (\$45/pp)
 Yes, I will attend  Guest subtotal \$\_\_\_\_\_

Grand Total \$\_\_\_\_\_

Dietary Restriction? \_\_\_\_\_

Payment Information

Check enclosed (payable to CVMA) OR Charge to my  Via  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 May 12, 2017 will receive a full refund minus a \$50 processing fee. No refunds or cancellations after this date or for no-shows.