

REGISTRATION FORM

Registration rates are based on CVMA membership level. Members, please log in at www.colovma.org when registering online to receive your maximum discounts.

For fast and accurate service, please list your contact information using black ink and legible penmanship.

Name of Registrant DVM VMD CVT Other

Hospital / Clinic

Mailing Address City State Zip Code

Business / Mobile Phone E-mail Address

Yes, I would like to become a CVMA member/renew my membership and begin enjoying member discounts and benefits! Please have a staff member contact me to complete a membership application or assist with online renewal. Membership year is January 1-December 31, 2018.

Register by August 3, 2018 and save over \$650 from individual session rate!

Subscription Purchase (all 6 sessions - Hospital or Individual)

	By 8/3/2018	After 8/4/2018
CVMA Member - Premium	\$659	\$759
CVMA Member - Core	\$695	\$795
CVMA Member - Basic	\$765	\$865
Non-Member	\$1,095	\$1,195
Veterinary Technician / Student (Individual Subscription only)	\$379	\$479

Number of Subscriptions: One Two Three

Authorized staff for subscription:

(All authorized staff must be CVMA members to receive this special CVMA discounted rate)

- 1) _____ 4) _____
- 2) _____ 5) _____
- 3) _____ 6) _____

Total Hospital Subscription Payment \$ _____

Individual Subscription

Total Individual Subscription Payment \$ _____

(Continued on back)

REGISTRATION FORM *(continued)*

Individual Session Purchase

	PREMIUM	CORE	BASIC	NON-MEMBERS
CVMA Member	\$225	\$235	\$259	
Non-Member				\$325
Veterinary Technician / Student				\$95

Premium Members - using your education coupon? Original coupon must accompany registration form and be mailed together to CVMA.

- September 12, 2018 Clinically Relevant Toxicology \$ _____
- October 3, 2018 Peri-Anesthetic Decision Making \$ _____
- November 14, 2018 Practical Veterinary Dentistry \$ _____
- February 13, 2019 The Logical Approach to Chronic Pain Control (Especially Arthritis) in Dogs and Cats \$ _____
- March 13, 2019 From Wound to Wow! Best Practices in Wound Management and Reconstruction \$ _____
- April 10, 2019 Practical Techniques in Soft Tissue Surgery \$ _____

Total Individual Session(s) Payment \$ _____

GRAND TOTAL Payment \$ _____

Payment Information

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

Account Number _____ Expiration Date _____ Security Code _____

Full Billing Address for Card _____ City _____ State _____ Billing Zip Code _____

Name as it Appears on Card _____ Signature _____

Neither seating nor session notes is guaranteed for onsite registrants.

Cancellations are to be submitted in writing prior to August 22 (subscriptions) or at least 21 days of the start of the session (individual registrations) for a refund minus \$50 processing fee. No refunds for cancellations within 21 days or for no-shows.

FAX: 303.318.0450 MAIL: CVMA, 191 Yuma Street, Denver, CO 80223 EMAIL: SaraEberhardt@colovma.org