



October 13-14, 2018

Doubletree by Hilton
Durango, CO

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

Hospital/Clinic Name _____ Badge Name _____

Address _____ City/State/Zip _____

E-mail _____ Phone _____

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

Table with 3 columns: Membership Level, By 09/21/18, After 09/21/18. Rows include 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 RSVP if you will join us for the following events:

Saturday, October 13

12:00 PM - 1:00 PM - Lunch buffet [] Yes, I will attend [] Guest (\$18 pp) subtotal \$
[] No, I will not attend

5:30-6:30 PM - Evening Reception [] Yes, I will attend [] Yes, my guest will attend
[] No, I will not attend

6:30 PM - Beer Pairing Dinner (\$45/pp) [] Yes, I will attend [] Guest subtotal \$

Sunday, October 14

12:15 PM - 1:00 PM - Lunch buffet [] Yes, I will attend [] Guest (\$18 pp) subtotal \$
[] No, I will not attend

Grand 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 September 21, 2018 will receive a full refund minus a \$50 processing fee. No refunds or cancellations after this date or for no-shows.