Name _____

❑ DVM ❑ VMD ❑ Other: _____

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)

Registration Fees	By 01/25/19	After 01/26/19
❑ CVMA Member Premium	$300.00	$400.00
❑ CVMA Member Core	$315.00	$415.00
❑ CVMA Member Basic	$340.00	$440.00
❑ Nonmember DVM	$390.00	$490.00

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 are guaranteed for onsite registrants. Cancellations submitted in writing **prior to January 18, 2019** will receive a full refund minus a $50 processing fee. No refunds or cancellations after this date or for no-shows.

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