

# 2026 VETERINARY EDUCATION CONFERENCE Registration Form



**NJVMA**  
New Jersey Veterinary Medical Association

Name: \_\_\_\_\_

Practice Name/Organization: \_\_\_\_\_

- Veterinarian       Technician  
 Practice Manager       Other Support Staff

Primary Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

- I agree and consent to the NJVMA Privacy Policy  
 (view full policy at [njvma.org/privacy-policy](http://njvma.org/privacy-policy))  
 I agree and consent to receive emails and communications  
 about this event and other NJVMA news and information

Mailing Address: \_\_\_\_\_

Dietary Restrictions/  
Food Allergies

ADA Accommodations: \_\_\_\_\_

Please indicate the quantity of item(s) being purchased and calculate the total of those items in the "Grand Total" space below.

|  | EARLY BIRD:<br>Through February 2026                          |                                  | STANDARD REGISTRATION:<br>Begins March 1, 2026 |                                  |
|--|---|----------------------------------|--|----------------------------------|
|  | FULL<br>CONFERENCE  | FULL<br>CONFERENCE               | ONE DAY<br>Saturday                            | ONE DAY<br>Sunday                |
| <b>VETERINARIAN</b>                                    |   |                                  |  |                                  |
| <b>NJVMA Members &amp; Retired Veterinarians</b>       | \$395 x _____<br>Total: \$ _____                              | \$450 x _____<br>Total: \$ _____ | \$295 x _____<br>Total: \$ _____               | \$225 x _____<br>Total: \$ _____ |
| <b>Non-Members</b>                                     | \$499 x _____<br>Total: \$ _____                              | \$559 x _____<br>Total: \$ _____ | \$395 x _____<br>Total: \$ _____               | \$325 x _____<br>Total: \$ _____ |
| <b>TECHNICIAN/<br/>SUPPORT STAFF</b>                   | \$285 x _____<br>Total: \$ _____                              | \$330 x _____<br>Total: \$ _____ | \$215 x _____<br>Total: \$ _____               | \$165 x _____<br>Total: \$ _____ |
| <b>STUDENTS*</b>                                       | \$55 x _____<br>Total: \$ _____                               | \$55 x _____<br>Total: \$ _____  | \$55 x _____<br>Total: \$ _____                | \$55 x _____<br>Total: \$ _____  |
| <b>GUEST**</b>   | \$499 x _____<br>Total: \$ _____                              | \$499 x _____<br>Total: \$ _____ | \$395 x _____<br>Total: \$ _____               | \$325 x _____<br>Total: \$ _____ |
| <b>SUBTOTALS:</b>                                      |   |                                  |  |                                  |
| <b>ADDITIONAL ITEMS</b>                                |   |                                  |  |                                  |
| <b>Honorary Members:</b> \$295 x _____ Total: \$ _____ | <b>Printed Proceedings Book:</b> \$90 x _____ Total: \$ _____ |                                  |  |                                  |
| <b>GRAND TOTAL:</b>                                    |   |                                  |  |                                  |

\*Student registration available only to full-time students currently enrolled in an accredited veterinary or veterinary technology program. Please email school schedule to [info@njvma.org](mailto:info@njvma.org). \*\*Guest registration available only to non-DVMs attending with a registered participant. Does NOT include CE credit or access to educational sessions. DOES include meal functions, Happy Hour, & Exhibit Hall.

NJVMA Federal Tax ID: 22-6056007

**PAYMENT INFORMATION:**  Check (made payable to NJVMA)

- Visa     Mastercard     Amex     Discover

Credit Card Number: \_\_\_\_\_ Exp. \_\_\_\_\_ CCV \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

## WAYS TO REGISTER:

ONLINE: [www.vec.njvma.org/register](http://www.vec.njvma.org/register) FAX: (908) 450-1286

MAIL: 3040 US Highway 22 W, Suite 135  
Branchburg, NJ 08876

Contact NJVMA at (908) 281-0918 or [info@njvma.org](mailto:info@njvma.org)