

# 2019 Spring CE Conference

Wednesday, May 15, 2019

## Registration Form

Massachusetts Veterinary Medical Association  
163 Lakeside Avenue, Marlborough, MA 01752  
508-460-9333, fax: 508-460-9969

**Registrant Name** \_\_\_\_\_

**Company** \_\_\_\_\_

**Address** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**Please select the track you would like to attend:**

- Small Animal Ophthalmology**                       **Small Animal Cardiology**  
 **Herbs for Pets – The Natural Way to Enhance a Pet’s Life**

**\*The MVMA is paperless!** All presentation handouts will be distributed *via email* before the event.

- I would like printed copies of the handouts. Please increase my registration fee by \$20.**

**Please select an option for lunch:**

- Chicken Marsala**               **Baked Haddock**               **Pasta Primavera**               **No Meal**

	Registration Ends 05/10/19
Member	250.00
Non-Member	400.00
ACO/Shelter Worker	140.00
Technician	140.00
Student	100.00

**To pay by credit card:**

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Code (3 digits on back M/C & VISA or 4 digits on front of Amex): \_\_\_\_\_

Registration Fee (see above chart of fees): \$ \_\_\_\_\_

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