

11th 3 Rivers Veterinary Symposium Registration Form

November 3-4, 2018 (one registration per form; please make copies if needed)

PERSONAL INFORMATION

VMD DVM CVT CVPM Office Staff Other _____

Prefix _____ First Name _____ Last Name _____

Practice/Hospital Name _____

Mailing Address _____ City _____ State _____ Zip _____

Phone Number _____ Email Address (REQUIRED) _____

I will require physical assistance No Yes (explain) _____ I am interested in moderating sessions during the symposium. Please send additional information.

For your convenience, you can also register online at PAVMA.org or scan code below.

PLEASE REGISTER ME FOR THE FOLLOWING:

FULL REGISTRATION (SATURDAY AND SUNDAY)

	Before 10/18	After 10/18
<input type="checkbox"/> PVMA Active Member	\$325	\$375
<input type="checkbox"/> PVMA Associate Member	\$350	\$400
<input type="checkbox"/> PVMA Recent Graduate Member	\$200	\$250
<input type="checkbox"/> PVMA Life Member/Retired	\$200	\$250
<input type="checkbox"/> PVMA Practice Manager Member	\$225	\$275
<input type="checkbox"/> PVMA CVT/Assistant Member	\$175	\$225
<input type="checkbox"/> PVMA Student Member	\$50	\$100
<input type="checkbox"/> Non-Member Veterinarian	\$400	\$450
<input type="checkbox"/> Non-Member Practice Manager	\$250	\$300
<input type="checkbox"/> Non-Member CVT/Assistant	\$195	\$245
<input type="checkbox"/> Office Staff	\$175	\$225

SATURDAY, NOVEMBER 3 ONLY

<input type="checkbox"/> PVMA Active Member	\$225	\$275
<input type="checkbox"/> PVMA Associate Member	\$250	\$300
<input type="checkbox"/> PVMA Recent Graduate Member	\$150	\$200
<input type="checkbox"/> PVMA Life Member/Retired	\$150	\$200
<input type="checkbox"/> PVMA Practice Manager Member	\$150	\$200
<input type="checkbox"/> PVMA CVT/Assistant Member	\$125	\$175
<input type="checkbox"/> PVMA Student Member	\$25	\$75
<input type="checkbox"/> Non-Member Veterinarian	\$300	\$350
<input type="checkbox"/> Non-Member Practice Manager	\$200	\$250
<input type="checkbox"/> Non-Member CVT/Assistant	\$165	\$215
<input type="checkbox"/> Office Staff	\$150	\$200

SUNDAY, NOVEMBER 4 ONLY

<input type="checkbox"/> PVMA Active Member	\$225	\$275
<input type="checkbox"/> PVMA Associate Member	\$250	\$300
<input type="checkbox"/> PVMA Recent Graduate Member	\$150	\$200
<input type="checkbox"/> PVMA Life Member/Retired	\$150	\$200
<input type="checkbox"/> PVMA Practice Manager Member	\$150	\$200
<input type="checkbox"/> PVMA CVT/Assistant Member	\$125	\$175
<input type="checkbox"/> PVMA Student Member	\$25	\$75
<input type="checkbox"/> Non-Member Veterinarian	\$300	\$350
<input type="checkbox"/> Non-Member Practice Manager	\$200	\$250
<input type="checkbox"/> Non-Member CVT/Assistant	\$165	\$215
<input type="checkbox"/> Office Staff	\$150	\$200

REGISTRATION FEE: \$ _____

Additional Program and Event Registration

Printed Proceedings _____ @ \$75 each = \$ _____

Saturday Guest Pass _____ @ \$85 each = \$ _____

Sunday Guest Pass _____ @ \$50 each = \$ _____

ADDITIONAL REGISTRATION: \$ _____

TOTAL AMOUNT DUE: \$ _____

PAYMENT

Check (payable to PVMA) \$ _____

Credit Card:
 Visa MasterCard
 Discover American Express

Name on Card

Card Number

Expiration Date Card Security Code

Credit Card Billing Address

City State Zip

Phone Number Associated with Card

Cardholder Signature

Total Amount Due: \$ _____

Promo Code: _____



Register online at
PAVMA.org

Or send completed registrations to:
PVMA
3 Rivers Registration
8574 Paxton Street
Hummelstown, PA 17036
Fax: 717.220.1461
mbaylor@pavma.org

