

**PVMA 2018 Winter Seminar
Vacation Registration Form**

FEBRUARY 17-24, 2018
SANTA BARBARA BEACH AND
GOLF RESORT, CURAÇAO

Curaçao



Name _____ Email Address _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Office Phone _____ Fax Number _____

Please list any special dietary requirements _____

Would you like us to make your flight arrangements? Yes No If yes, from what city? _____

Your credit card information and birthdate of each passenger will be needed in order to purchase airline tickets. Visa MasterCard

Name on credit card _____

Card Number _____ Expiration Date _____ 3-Digit Security Code _____

Billing address if different from above address _____

Full names of all persons (including children's ages) in your party _____

Birthdate of each passenger in your party _____

Names of people attending the lectures _____

Passport Numbers _____

Please make # _____ reservations for the 8-day (7 night) Winter Seminar Vacation to Curaçao.

Resort Room Premium Waterview Room Santa Barbara Suite Two double beds King-size bed

I am enclosing a check (deposit of \$750 per person) in the amount of \$ _____ made payable to:
Unique Seminar Destinations. Please note on check PVMA 2018 Winter Seminar.

PLEASE FORWARD THIS REGISTRATION FORM AND SEND CHECK TO:
Unique Seminar Destinations for the Veterinary Profession
PO Box 814
Richboro, PA 18954
Ph: 215.357.6820; Fax: 215.357.4847
Email address: uniquesem@gmail.com

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