

19th Annual Spring Clinic Registration Form

May 23-24, 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 at Spring Clinic. 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 (WEDNESDAY AND THURSDAY)

	Before 4/30	After 4/30
<input type="checkbox"/> PVMA Active Member	\$300	\$350
<input type="checkbox"/> PVMA Associate Member	\$325	\$375
<input type="checkbox"/> PVMA Recent Graduate Member (classes 2014-2018)	\$200	\$250
<input type="checkbox"/> PVMA Life Member/Retired	\$200	\$250
<input type="checkbox"/> PVMA Practice Manager Member	\$200	\$250
<input type="checkbox"/> PVMA CVT/Assistant Member	\$175	\$225
<input type="checkbox"/> PVMA Student Member	\$25	\$75
<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"/> Non-Member Student	\$50	\$75
<input type="checkbox"/> Office Staff	\$175	\$225

WEDNESDAY, MAY 23 ONLY

<input type="checkbox"/> PVMA Active Member	\$200	\$250
<input type="checkbox"/> PVMA Associate Member	\$225	\$275
<input type="checkbox"/> PVMA Recent Graduate Member (classes 2014-2018)	\$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	\$250	\$300
<input type="checkbox"/> Non-Member Practice Manager	\$200	\$250
<input type="checkbox"/> Non-Member CVT/Assistant	\$150	\$200
<input type="checkbox"/> Office Staff	\$145	\$195

THURSDAY, MAY 24 ONLY

<input type="checkbox"/> PVMA Active Member	\$200	\$250
<input type="checkbox"/> PVMA Associate Member	\$225	\$275
<input type="checkbox"/> PVMA Recent Graduate Member (classes 2014-2018)	\$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	\$250	\$300
<input type="checkbox"/> Non-Member Practice Manager	\$200	\$250
<input type="checkbox"/> Non-Member CVT/Assistant	\$150	\$200
<input type="checkbox"/> Office Staff	\$145	\$195

REGISTRATION FEE: \$ _____

Additional Program and Event Registration

- Printed Proceedings _____ @ \$50 each = \$ _____
- Wednesday Guest Pass _____ @ \$85 each = \$ _____
- Thursday Guest Pass _____ @ \$75 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: _____

Spring Clinic



Register online at
PAVMA.org

Or send completed
registrations to:
PVMA

Spring Clinic Registration
8574 Paxton Street
Hummelstown, PA 17036

Fax: 717.220.1461
mbaylor@pavma.org

