



REGISTRATION FORM

14 hours of C.E. available!

PARK PLACE HOTEL & CONFERENCE CENTER, TRAVERSE CITY, MI

PRIMARY REGISTRANT

Anyone who plans to attend CE must be registered separately as a primary registrant.

NAME _____

STREET ADDRESS _____

CITY / STATE / ZIP _____

E-MAIL (REQUIRED) _____

PHONE _____

HOSPITAL / CLINIC NAME _____

ADULT GUESTS (NON-CE ATTENDING ONLY)

This includes the Sunday evening Welcome Reception and Monday evening Dinner & Family Fun Carnival.

1. _____ Number of adult guests (ages 18 and over) @ \$89 each \$ _____

FIRST & LAST NAME _____

FIRST & LAST NAME _____

FIRST & LAST NAME _____

FIRST & LAST NAME _____

CHILD GUESTS

This includes the Sunday evening Welcome Reception and Monday evening Dinner & Family Fun Carnival.

2. _____ Number of child guests (ages 5-17) @ \$49 each \$ _____

FIRST & LAST NAME _____

FIRST & LAST NAME _____

FIRST & LAST NAME _____

FIRST & LAST NAME _____

Including the primary registrant, how many from your group of paid registrants (adults and children) will attend these events:

Welcome Reception _____ Dinner & Family Fun Carnival _____

FULL CONFERENCE REGISTRATION

If you are registering as an MVMA member your membership must be current at the time of the event. Take time to verify your membership now to avoid renewing onsite. Thank you!

3. PRIMARY REGISTRANT	MAIL/FAX BY JUNE 9	AFTER JUNE 9
<i>Check appropriate registration type:</i>	↓	↓
<input type="checkbox"/> MVMA Member Veterinarian	\$389	\$439
<input type="checkbox"/> All other Veterinarians	\$499	\$549
<input type="checkbox"/> MVMA Member Technician	\$259	\$309
<input type="checkbox"/> All other Technicians	\$289	\$339
<input type="checkbox"/> MVMA Member Hospital Staff	\$259	\$309
<input type="checkbox"/> All other Hospital Staff	\$289	\$339

ENTER TOTAL AMOUNT FROM LINES 1, 2, & 3 \$

PAYMENT

Payment must accompany registration. Make checks payable to: MVMA.
Mail or fax registration form to: 2144 Commons Parkway, Okemos, MI 48864-3986
TEL 517/347-4710 • FAX 517/347-4666 • www.michvma.org

NAME AS IT APPEARS ON CREDIT CARD _____

CARD NUMBER _____ AMEX VISA MASTERCARD DISCOVER

EXPIRATION DATE _____ SECURITY CODE _____

CREDIT CARD BILLING ADDRESS _____

CITY / STATE / ZIP _____

SIGNATURE _____