

**REGISTRANT INFORMATION**

Full name \_\_\_\_\_ Maiden name \_\_\_\_\_

Home mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Email (required for confirmation) \_\_\_\_\_

Clinic/Employer \_\_\_\_\_ Phone \_\_\_\_\_

Please select practice type:  
 LA  
 SA  
 MIX  
 Equine  
 Other \_\_\_\_\_

License Number/State: \_\_\_\_\_  
*(Required for CE certificate)*

**Deadlines, Refunds and Contact Information**

Registrations postmarked after **September 15** will be charged the late fee and sent an invoice for the remaining amount. Registrations postmarked after **September 25** will not be processed; if you have not registered by this date, you must register on-site. No refunds will be made after **September 15**. Refunds prior to September 15 will be charged a \$25 administrative fee.

Online registration will be available July 1. For full convention information, visit [www.wvma.org/2017convention](http://www.wvma.org/2017convention).

Return this form by fax (608) 257-8989 or mail to:  
 WVMA, 4610 S. Biltmore Ln., Suite 107, Madison, WI 53718.

**A. Registration Fee** \*Registrations include lunch. Lunch tickets will NOT be available for late or on-site registrations.  
 Options: Full, Two Day or One Day

	Full*	Full Late, On-site	Two Day*	Two Day Late, On-site	One Day*	One Day Late, On-site	Select Day(s)
WVMA Member/Out-of-State Non-Member	<input type="checkbox"/> \$410	<input type="checkbox"/> \$460	<input type="checkbox"/> \$310	<input type="checkbox"/> \$360	<input type="checkbox"/> \$230	<input type="checkbox"/> \$280	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday
Non-Member (reside inside WI)	<input type="checkbox"/> \$710	<input type="checkbox"/> \$760	<input type="checkbox"/> \$610	<input type="checkbox"/> \$660	<input type="checkbox"/> \$490	<input type="checkbox"/> \$540	
WVMA Life Member	<input type="checkbox"/> \$275	<input type="checkbox"/> \$325	<input type="checkbox"/> \$210	<input type="checkbox"/> \$260	<input type="checkbox"/> \$160	<input type="checkbox"/> \$210	
2017 DVM Graduate	<input type="checkbox"/> \$220	<input type="checkbox"/> \$270	<input type="checkbox"/> \$190	<input type="checkbox"/> \$240	<input type="checkbox"/> \$130	<input type="checkbox"/> \$180	

Spouse/Guest (admittance to exhibit hall, lunch and social events only, no CE) Name: \_\_\_\_\_  \$50 Thursday\*  \$50 Friday\*  \$50 Saturday\*

Exhibit hall only pass (1 day only and no lunch)  \$30 (member)  \$60 (non-member) Circle day: Thursday | Friday | Saturday

Intern/Resident/Graduate Program DVM WVMA Member  \$0 Circle day(s): Thursday | Friday | Saturday (Lunch not included.)\*\*  
 Lunch:  \$25 per lunch Qty \_\_\_\_\_ Circle day(s): Thursday | Friday | Saturday Special Diet Requirements:  Vegetarian  Gluten-Free  
 \*\*If registering in this category, lunch must be ordered here. **Lunch tickets will NOT be available for late or on-site registrations.**

*Student registration can be found online at [www.wvma.org](http://www.wvma.org) or by emailing [wvma@wvma.org](mailto:wvma@wvma.org).*

**A. Total \$** \_\_\_\_\_

**B. Proceedings**

All convention registrants (excluding wetlab-only registrants) receive the proceedings via website link and on a thumb drive at convention. Paperbound copies must be pre-ordered on this form.

Check here to purchase a paperbound copy of the proceedings.  
 \$45

**B. Total \$** \_\_\_\_\_

**C. Additional CE Opportunities**

	Member	Non-Member
<b>Thursday Small Animal CE Lunch</b> <i>Includes CE credits and lunch (Limit 90)</i>	<input type="checkbox"/> \$55	<input type="checkbox"/> \$85
<b>Friday Large Animal CE Lunch</b> <i>Includes CE credits and lunch (Limit 85)</i>	<input type="checkbox"/> \$55	<input type="checkbox"/> \$85
<b>Saturday SA Wetlab</b> <i>Dentistry Wetlab (Limit 30)</i>	<input type="checkbox"/> \$400	<input type="checkbox"/> \$500
<b>TB Recertification</b> <i>Included with convention registration</i>	<input type="checkbox"/> Myself (no extra charge)	

**C. Total \$** \_\_\_\_\_

**D. Additional Events**

**Thursday Night Awards Reception Only** (no charge) Qty \_\_\_\_\_  
 October 12, 6 - 7 pm  
 Guest(s) \_\_\_\_\_

**Saturday Christian Veterinary Fellowship Breakfast** Qty \_\_\_\_\_  
 October 14, 6:30 - 7:45 am

**E. Special Dietary Needs**

Thursday	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Gluten-Free
Friday	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Gluten-Free
Saturday	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Gluten-Free

**F. Dues**

I would like to become a 2017 WVMA member. My dues and application are included. Membership applications can be found online at [www.wvma.org](http://www.wvma.org) or by calling (888) 254-5202. (Dues are \$235 WI / \$125 out-of-state)

I would like to renew my membership dues for 2018. (Dues are \$235 WI / \$125 out-of-state)

**F. Total \$** \_\_\_\_\_

**G. Wellness**

Rabies antibody status  \$60 Qty \_\_\_\_\_

Cholesterol  \$15 Qty \_\_\_\_\_

**G. Total \$** \_\_\_\_\_

**PAYMENT INFORMATION**

**TOTAL PAYMENT (A+B+C+F+G) \$** \_\_\_\_\_

Check enclosed Check # \_\_\_\_\_ for \$ \_\_\_\_\_  Please charge my:  VISA  MasterCard  Discover

Card number \_\_\_\_\_ V code \_\_\_\_\_ Exp. date \_\_\_\_\_

Name on card \_\_\_\_\_ Signature \_\_\_\_\_

Registrations will not be processed without full payment. Questions? Call or email the WVMA at (888) 254-5202 or [wvma@wvma.org](mailto:wvma@wvma.org).

