One Weekend, Three Great Events

Chula Vista Resort - Wisconsin Dells, Wisconsin

Practice Management Institute, February 18 | Winter Retreat, February 18-20 | Pet Hall of Fame, February 19

Wisconsin Veterinary Medical Association

Registration and refund deadline is **February 9, 2011**. No refunds will be issued after this date.

Name of clinic _____ Clinic ID _____ (Office use only)

Clinic address _____ City _____ State _____ Zip _____

Phone (_____)_____ E-mail _____ Fax (_____)_____

Names of individuals attending

Attach additional sheets or photocopy this form if additional space is needed.

Print first and last name, as to appear on name tag; **include designation** (i.e. DVM, CVT, office mgr., receptionist, assistant, guest, etc.)

PMI Attendees	Winter Retreat Attendees	Winter Retreat Attendees
1. _____	1. _____	6. _____
2. _____	2. _____	7. _____
3. _____	3. _____	8. _____
4. _____	4. _____	9. _____
5. _____	5. _____	10. _____

If necessary, additional names may be added to the back of this form.

Fees

Winter Retreat (Friday evening-Sunday morning)

Registration ($300 per clinic - includes three attendees) $ _____

Additional attendees ($30 per individual over the three included in clinic registration) # of attendees_____ x $30 $ _____

Additional fee for each veterinarian who is not a WVMA member Total # of non-member veterinarians _____ x $200 $ _____

Practice Management Institute (Friday) # WVMA-member attendees _____ x $165 $ _____

Non-member attendees _____ x $225 $ _____

If vegetarian meals are required, please indicate quantity _____

Pet Hall of Fame luncheon (Saturday) # of attendees _____ x $22 $ _____

If vegetarian meals are required, please indicate quantity _____

Total Fees: $ _____

Membership Dues

- ❒ I neglected to renew my 2011 membership. Dues are included. ($180 WI / $90 Out-of-state / $10 student)*
- ❒ I would like to become a new WVMA member. Dues for 2011 are included ($180 WI / $90 Out-of-state / $10 student)*

Total Dues fees: $ _____

* Please provide name of individuals and specify if they are renewing or new members on the back of this form.

Payment

Check: _____ Check # *Credit Card:* ____Visa ____Mastercard ____Discover

Credit card number: _____ V Code (Required; three digit number on back of card): _____

Expiration date: _____ Name on credit card: _____

Signature: _____ Email (Required; confirmations will be sent via email): _____

Mail remittance and completed form by February 9 to: Wisconsin Veterinary Medical Association, 2801 Crossroads Dr., Suite 1200, Madison, WI 53718 or fax to (608) 257-8989. If you have questions or special needs, call (888) 254-5202 or in Madison, 257-3665