

Registration Form

Massachusetts Veterinary Medical Association
163 Lakeside Avenue, Marlborough, MA 01752
508-460-9333 * fax: 508-460-9969

Registrant Name _____

Company _____

Address _____

Email Address _____

Telephone _____

Please select the track you would like to attend:

- Track 1—Small Animal Ophthalmology**
- Track 2—Chronic Pain—Companion Animals**
- Track 3—Avian Medicine**
- Track 4—Equine Colic, Wounds & Skin Tumors/Oncology/Soft Tissue Surgery**

***The MVMA is paperless!** All handouts will be distributed *via email* before the event.

- I would like printed copies of the handouts. Please increase my registration fee by \$20.**

Do you want to know if your friends are attending the conference? The MVMA will have a digital attendee list available on the website (www.massvet.org/event/2018Winter) that will be updated every Friday so you know who is registered to attend!

- OPT IN to appear on the list of attendees**
- OPT OUT of the list of attendees**

Please select an option for lunch:

- Chicken Picatta**
- New England Baked Haddock**
- Spinach & Cheese Ravioli**
- No Meal**

	Early Bird Ends 1/7/18	Registration Ends 01/24/18
Member	225.00	250.00
Non-Member	350.00	400.00
ACO	125.00	140.00
Shelter Worker	125.00	140.00
Technician	165.00	180.00
Student	100.00	100.00

To pay by credit card:

Name on Card _____

Billing Address _____

Credit Card # _____

Expiration Date: _____ CVV Code (3 digits on back M/C & VISA or 4 digits on front of Amex): _____

Registration Fee (see above chart of fees): \$ _____

For more news, events, and topics that matter, visit us at massvet.org.