



10th Annual
Oregon
Veterinary
Conference

veterinarian or veterinary student registration

March 4 - 6, 2011

One form per registrant. Photocopy if needed. Keep yellow sheet for your records.

Name _____

Clinic _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____

E-mail _____

Include an e-mail address above to be notified when the OVC proceedings are available on the OVMA Web site. Please print clearly.

Veterinarian or Veterinary Student

Full Conference Registration

OVMA Member (reflects 30% discount) \$330 \$ _____

Other VMA Member (not living in OR) \$330 \$ _____

All Other Veterinarians \$475 \$ _____

OVMA Life Member \$100 \$ _____

CVM Student \$0 (CVM underwriting first 50 reg.) \$ _____

Single Day Conference Registration

Friday Saturday Sunday (see Sunday only fee)

OVMA Member (reflects 30% discount) \$230 / \$135 Sun. only .. \$ _____

Other VMA Member (not living in OR) \$230 / \$135 Sun. only \$ _____

All Other Veterinarians \$325 / \$190 Sun. only \$ _____

OVMA Life Member \$100 \$ _____

CVM Student \$0 (CVM underwriting first 50 reg.) \$ _____

Spouse or Guest

Registration \$100 \$ _____

Name for Badge: _____

Note: Please register as staff if you work in the veterinary practice.

SCAVMA Dinner

Dinner \$30 (x _____ tickets) \$ _____

Sponsor a CVM student to attend \$30 (x _____ tickets) ... \$ _____

Donation to OSU SCAVMA \$ _____

Mark the Sessions You Plan to Attend

To aid us in room setup, please mark the sessions you plan to attend:

Friday Companion 1 (AM) Companion 1 (PM)
 Companion 2 (AM) Companion 2 (PM) Equine
 Food Animal Leadership (AM) Leadership (PM)

Saturday Awards Luncheon -OR- Box Lunch (Choose one.)
 Companion 1 (AM) Companion 1 (PM) Companion 2 (AM)
 Companion 2 (PM) Equine Food Animal
 Animal Welfare (AM) Animal Welfare (PM) Leadership (AM)
 Leadership (PM) Health Care Team (AM) Health Care Team (PM)
 Tech./Asst. 1 (AM) Tech./Asst. 1 (PM) Tech./Asst. 2 (AM)
 Tech./Asst. 2 (PM) Tech./Asst. 3 (AM) Tech./Asst. 3 (PM)

Sunday Companion Equine Health Care Team
 Tech./Asst. 1 Tech./Asst. 2

Constituent Associations

The OVMA shares 20% of OVC profits with constituent associations. Please select only **one** organization you are a member of:

- Central Oregon VMA
- Klamath-Lake VMA
- Lane County VMA
- Lincoln County VMA
- Marion-Polk VMA
- NW Equine Pract. Assoc.
- Northeast Oregon VMA
- Portland VMA
- Rogue Valley VMA
- Southwest Oregon VMA
- Washington County VMA
- Willamette Valley VMA

Food & Mixed Animal Practitioners

Check if you will attend Saturday's breakfast. **Sponsored by Pfizer.**

Late Fee

Add \$25 for registrations postmarked or faxed **after February 16, 2011.**

Late Fee \$25 (after February 16) \$ _____

Total Fees \$ _____

Payment Method

Check: Make check payable to OVMA.

Check # _____ Amt. _____ Rcvd. _____

Credit Card: Visa MasterCard

No. _____ Exp. _____

3-Digit Verification Number _____ Billing Zip Code _____

Signature _____

How to Register

Registrations accepted at the OVMA office until March 1 at 5 pm.

After that date, please bring your registration form and payment (including late fee) to conference registration onsite.

- 1) Mail the top sheet of this form to:
OVMA, 1880 Lancaster Dr. NE, Ste. 118, Salem, OR 97305
- 2) Fax to: (503) 363-4218

Refund & Cancellation Policy

No cancellations and/or refunds will be honored after February 16, 2011. 15% of the total to be refunded will be deducted for processing. Mail or fax your cancellation notice to the OVMA by February 16.

Special Needs

If you have special needs or dietary requirements, please indicate below and return this form by **February 16, 2011.**

Proceedings

The proceedings will be available to registrants on the OVMA Web site (oregonvma.org) approximately 2 weeks before the meeting. You are encouraged to print the notes for the sessions you plan to attend and bring them with you to the conference. **To receive an e-mail when the proceedings are available, please include your e-mail address on this form. Your confirmation postcard will include the code needed to access the proceedings on the OVMA site.**

Questions?

Contact the OVMA at (800) 235-3502 or ovc@oregonvma.org.