



March 1-3, 2019

Healthcare Team Registration

Practice Managers, Technicians, Assistants & Staff

You can also register online at: oregonvma.org/ovc

Use one form per registrant and spouse/guest please. Photocopy if needed. Keep the bottom copy for your records.

Name _____ CVT

Clinic _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____

E-mail _____

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

Veterinary Staff

Practice Manager Technician Assistant Front Office

Full Conference Registration

Registration \$245 \$ _____

Single Day Conference Registration

Friday **OR** Saturday \$195 \$ _____

Sunday only \$135 \$ _____

Spouse or Guest

Registration \$155 \$ _____

Name for Badge: _____

Note: You must register as veterinary staff if you work in or manage the practice and are attending for that purpose.

Late Fee

Add \$50 for registrations postmarked or faxed **after February 11, 2019.**

Late Fee \$50 (after February 11) \$ _____

Total Fees \$ _____

Proceedings

The proceedings will be available to registrants on the OVMA Web site (oregonvma.org) at least 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 receive an e-mail when the proceedings are available, please include your e-mail address on this form. Your confirmation postcard will include the login info. needed to access the proceedings on the OVMA Web site.** The proceedings will also be included in the conference app, available from my.yapp.us/oregonvc.

Special Needs

If you have special needs or dietary requirements, please indicate below and return this form by **February 11, 2019.** (Special meals can be picked up at the registration desk.)

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)
 Companion 3 (AM) Companion 3 (PM)
 Equine Food Animal Leadership/Team (AM)
 Leadership/Team (PM) USDA Antibiotics Session (AM)
 USDA (AM) USDA (PM) Tech./Asst. (AM)
 Tech./Asst. (PM)

Saturday Awards Luncheon* **-OR-** Box Lunch (Choose one.)

Companion 1 (AM) Companion 1 (PM)
 Companion 2 (AM) Companion 2 (PM)
 Companion 3 (AM) Companion 3 (PM)
 Animal Welfare (AM) Animal Welfare (PM)
 Equine Food Animal Leadership/Team (AM)
 Leadership/Team (PM) Tech./Asst. 1 (AM)
 Tech./Asst. 1 (PM) Tech./Asst. 2 (AM)
 Tech./Asst. 2 (PM)

Sunday Companion 1 Companion 2 Equine

Leadership/Team Tech./Asst.

*If you do not choose a Saturday lunch option, you will receive a ticket for the Awards Luncheon.

Payment Method

Check: Make check payable to OVMA.

Check # _____ Amt. _____ Rcvd. _____

Credit Card: Visa MasterCard American Express

No. _____ Exp. _____

Card Verification Number _____ Billing Zip Code _____

Signature _____

How to Register (You can also register online at oregonvma.org/ovc)

Registrations accepted at the OVMA office until Feb. 27 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 11, 2019. 15% of the total to be refunded will be deducted for processing. Mail or fax your cancellation notice to the OVMA by February 11.

Questions?

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