

2012 SPEAKER REGISTRATION

Please print/type your name clearly as you would like it to appear on your badge, circling the appropriate designation below.

Full Name: _____ DVM / RVT

Company: _____

Preferred Address: Home Work _____

City: _____ State: _____ ZIP: _____

E-Mail: _____ Phone: _____ Fax: _____

School Attended/Attending: _____ Year of Graduation: _____

If you need special accommodations in order to fully participate, please list them here. _____

Check here if you **do not** wish to include your e-mail address in your electronic badge for use in the Exhibit Hall.

Member Dues (if applicable)

Please select the appropriate category below to join the OVMA or renew your membership for 2012.

New Membership Renewal

Active Member: \$175 Associate Member (out of state): \$60 Sustaining Member: \$60

Payments and dues paid to the OVMA are not deductible for federal tax purposes as charitable contributions. They may be deductible as an ordinary and necessary business expense, except that portion of dues payments related to representation on legislative issues. The OVMA estimates the portion attributable to legislative advocacy in 2012 to be 20%.

Registration Type

Please select the category that best describes your speaking commitment, then select your desired registration option.

I am speaking 1 hour at the 2011 MVC.
 One-Day Registration: Complimentary (On the day you are speaking)
 Full Conference: \$105

I am speaking 2+ hours at the 2011 MVC.
 One-Day Registration: Complimentary
 Full Conference: Complimentary

I am unable to accept or have waived an honorarium.
 One-Day Registration: Complimentary
 Full Conference: Complimentary

Spouses & Guests (Non-veterinary professionals ONLY)

YES, I will be bringing a guest. \$60

Please fill in your guest's name as it should appear on their name badge, circling the appropriate salutation below.

Mr. / Mrs. / Ms. _____

Continued >>>

Speaker Name: _____

CE Credit (If Applicable)

Please list the session numbers you plan to attend. Session Grid can be found on pages 16–29 of the Registration Program.

Thursday 2/23: _____ Friday 2/24: _____

Saturday 2/25: _____ Sunday 2/26: _____

Additional Events

Please select any wet labs and special events you would like to attend.

Hands-On Labs (See program pages 63–65.)

- A (\$150) E (\$375) I (\$475)
 B (\$225) F (\$225) J (\$175)
 C (\$325) G (\$145) K (\$225)
 D (\$150) H (\$95)

Please check here if you have a latex allergy.

Special Events (See page 9 of the Registration Program.)

MVC Live! (First ticket complimentary; Additional tickets \$15 each) Qty: _____

Other Activities (See page 8 of the Registration Program.)

- Friday Boot Camp (N/C)
 Saturday Boot Camp (N/C)

Wet Lab Policy. By registering for a Wet Lab, Registrant acknowledges and agrees that some Wet Labs involve working with live animals, cadavers, specimens, equipment and other unique learning materials which may expose the Registrant to a risk of injury or disease in the same manner as a veterinary professional would be exposed to these risks in carrying out the same or similar procedures in a clinical setting. The Registrant, by registering for these Wet Labs and completing this Registration Form, agrees to assume this risk and hereby waives and releases the OVMA and any faculty or other participants from any and all damage or injury arising out of or related to Registrant's participation in the Wet Labs.

Emergency Contact Information (Optional)

Name: _____ Relationship: _____

Phone Number: _____ Alternate Phone Number: _____

Payment Information

Visa Mastercard Discover Check made payable to OVMA

(Sorry, we cannot accept American Express.)

Card Number: _____ Expiration Date: _____

Card Holder Name: _____ CVV: _____

Billing Address: If different from address provided on previous page, please provide the billing address exactly as it appears on your statement.

Company: _____

Address: _____

City: _____ State: _____ ZIP: _____

Cardholder Signature: _____

Total From Side 1: \$ _____ Total From Side 2: \$ _____ GRAND TOTAL DUE: \$ _____

Submit your registration:

Online
www.mvcinfo.org

Mail
OVMA, 3168 Riverside Dr., Columbus OH 43221

Fax
614.486.1325
Please do not mail a duplicate form.