

Registration Form

CVMA CONVENTION 2010

September 23-26 • Loveland, Colorado

Please print legibly. One registrant (plus guest if applicable) per form.

Full Name DVM PhD CVT Other Preferred First Name for Badge

Guest Full Name CVMA Auxiliary Member Preferred First Name for Guest Badge

Mailing Address

City State Zip Code

Business Phone Business Fax Home Phone Cell Phone

E-mail Address Check here if you are a first-time CVMA convention attendee
 Check here if you require vegetarian meals

1) INDIVIDUAL REGISTRATION FEES

Registrations postmarked after September 13, 2010, cannot be accepted as advance registration; after this date you must register on-site. See pages 26-27 for more information on the registration packages.

	Early Bird By 8/1/2010	Advance By 9/13/10	On-site
Full Convention Package			
Professional			
Member of CVMA or other state VMA	<input type="checkbox"/> \$375	<input type="checkbox"/> \$425	<input type="checkbox"/> \$475
Non-member of CVMA	<input type="checkbox"/> \$675	<input type="checkbox"/> \$725	<input type="checkbox"/> \$775
Veterinary Staff (non-DVM)			
Member of CACVT	<input type="checkbox"/> \$150	<input type="checkbox"/> \$195	<input type="checkbox"/> \$240
Non-member of CACVT	<input type="checkbox"/> \$200	<input type="checkbox"/> \$245	<input type="checkbox"/> \$290
Social Registration	<input type="checkbox"/> \$75	<input type="checkbox"/> \$100	<input type="checkbox"/> \$125
Party Registration	<input type="checkbox"/> \$35	<input type="checkbox"/> \$35	<input type="checkbox"/> \$35
Daily Registration - Member of CVMA or other state VMA only			
Thursday	<input type="checkbox"/> \$115	<input type="checkbox"/> \$165	<input type="checkbox"/> \$215
Friday	<input type="checkbox"/> \$160	<input type="checkbox"/> \$210	<input type="checkbox"/> \$260
Saturday	<input type="checkbox"/> \$160	<input type="checkbox"/> \$210	<input type="checkbox"/> \$260
Sunday	<input type="checkbox"/> \$105	<input type="checkbox"/> \$155	<input type="checkbox"/> \$205
Daily Registration - Non-member			
Thursday	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250
Friday	<input type="checkbox"/> \$195	<input type="checkbox"/> \$245	<input type="checkbox"/> \$295
Saturday	<input type="checkbox"/> \$195	<input type="checkbox"/> \$245	<input type="checkbox"/> \$295
Sunday	<input type="checkbox"/> \$140	<input type="checkbox"/> \$190	<input type="checkbox"/> \$240
Subtotal - Individual Registration Fees			\$ _____
Estes Park Wildlife Tour			
	<input type="checkbox"/> \$30	<input type="checkbox"/> \$40	
Subtotal - Wildlife Tour			\$ _____

CSU Expert Breakfast (check one)

Space is limited to 19 people per discussion

- Atypical Brisket Disease and Summer Pneumonia of Beef Calves
- Feline Urinary Disease
- Cancer Chemotherapy
- Small Animal Anesthesia in Private Practice
- A Logical Approach to the Lamé Horse

Registration Form

2) SPECIAL EVENT TICKETS

Tickets are required for admission to each event and must be requested on this form even if the event is complimentary.

	# People	Cost	Total
Thursday			
VetMania!			
Full Convention Package	_____	\$0	_____
Guest - Adult	_____	\$25	_____
Guest - Child (0-12)	_____	\$15	_____
Friday			
CVMA Auxiliary Brunch	_____	\$25	_____
Free Exhibit Hall Luncheon	_____	\$0	_____
President's Reception	_____	\$0	_____
Saturday			
Student Competition	_____	\$0	_____
Membership Luncheon and Awards Celebration			
CVMA Member	_____	\$0	_____
Non-member	_____	\$25	_____
CACVT Luncheon			
CACVT Member	_____	\$0	_____
Non-member	_____	\$25	_____
Saturday Night Reception	_____	\$0	_____
Steak Fry and Auction			
Adult (age 13 and over)	_____	\$30	_____
Child (age 0-12)	_____	\$0	_____
		Subtotal - Special Events	\$ _____

3) GOLF TOURNAMENT

	_____	\$70	_____
		Subtotal - Golf Tournament	\$ _____

Please list the players in your foursome: _____

4) DONATIONS

- I wish to make a special contribution in the amount of \$_____ to the Colorado Veterinary Medical Foundation in support of education, scholarship, and service programs to make Colorado a better place for animals and people.
- I wish to contribute to the CVMA Send-a-Student campaign in support of involving CSU veterinary students at convention. # students _____ @ \$150 = \$_____
- I wish to make a special contribution in the amount of \$_____ to the CVMA Auxiliary in support of its projects.

		Subtotal - Donations	\$ _____
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5) PAYMENT INFORMATION

		Grand Total	\$ _____
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- Check enclosed (payable to CVMA, in U.S. funds only) Please charge my VISA MasterCard
- Please print legibly:

Card Number _____ Expiration Date _____

Name on Card _____

Billing Address Zip Code _____ Signature _____

Please return to: CVMA, 191 Yuma Street, Denver, CO 80223 • Fax: 303.318.0450
 Phone: 303.318.0447 or 800.228.5429 • www.colovma.org