

## 2017 CVHS Fall Conference

### Advance Registration Form

After Nov. 1, please register online or on-site at the conference.

Full name: \_\_\_\_\_  
FIRST LAST

Credential (DVM,VMD, etc.): \_\_\_\_\_ Preferred first name on badge: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Postal Code or Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### Mail In Registration Costs

	Thru Aug 31	Thru Oct. 6	After Oct. 6	Total
DVM Conference Registration	\$ 300	\$ 325	\$ 375	_____
Technician Conference Registration	165	185	220	_____
Veterinary Staff Conference Registration	165	185	220	_____
Box Lunch - Thursday	15	15	15	_____
Box Lunch - Friday	15	15	15	_____
USB Proceedings	25	25	25	_____
Corral Crawl ( <i>per person</i> )	36	36	36	_____
Qty _____ Thursday, November 9				
Distinguished Alumni Luncheon ( <i>per person</i> )	36	36	36	_____
Qty _____ Friday, November 10				
			<b>Total:</b>	_____

Payment Method:    Visa                    MasterCard                    American Express                    Discover Card

Check Enclosed \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return your registration and payment by Nov. 1 to CVHS Office of CE, Attn: Fall Conference  
Registration, 002B VTH, Stillwater, OK 74078