

2017 Registration Form

Wild West Veterinary Conference - October 11-15, 2017

CONTACT INFORMATION Please print clearly and use one form per registrant

First Name _____ Last Name _____
 Designation(s) _____
 Company/Practice _____
 Address _____
 City _____ State _____ Zip _____ Country _____
 Work Phone _____ Alt Phone _____ Fax _____
 E-mail (Required) _____
 Are you licensed in Texas New York

A CONFERENCE RATES

Early rates are through July 31. All registrations received August 1 - October 6 will be charged the regular rate. Registrations received October 7 - October 15 will be charged the onsite rate.

	Early Bird: On/Before July 31	Regular: Aug. 1 - Oct. 6	Onsite: Oct. 7 - 15
Veterinarian	<input type="radio"/> \$495	<input type="radio"/> \$545	<input type="radio"/> \$595
Intern/Resident	<input type="radio"/> \$295	<input type="radio"/> \$345	<input type="radio"/> \$395
Veterinary Technician/Staff	<input type="radio"/> \$295	<input type="radio"/> \$345	<input type="radio"/> \$395
Practice Manager	<input type="radio"/> \$295	<input type="radio"/> \$345	<input type="radio"/> \$395
Veterinary Student	<input type="radio"/> \$175	<input type="radio"/> \$200	<input type="radio"/> \$225
Other Medical Professional	<input type="radio"/> \$495	<input type="radio"/> \$545	<input type="radio"/> \$595
One-Day Veterinarian, Other Medical Professional	<input type="radio"/> \$325	<input type="radio"/> \$325	<input type="radio"/> \$325
One-Day Technician, Staff, Intern/Resident, Practice Manager	<input type="radio"/> \$195	<input type="radio"/> \$195	<input type="radio"/> \$195
One-Day Student	<input type="radio"/> \$100	<input type="radio"/> \$100	<input type="radio"/> \$100
One Day: (Select only one)	<input type="radio"/> Wed <input type="radio"/> Thurs	<input type="radio"/> Fri <input type="radio"/> Sat	
Guest/Spouse Fee	<input type="radio"/> \$175	<input type="radio"/> \$200	<input type="radio"/> \$225
Exhibit Hall Only	<input type="radio"/> 1-day \$150		

Guest/Spouse Name(s) _____

PAYMENT INFORMATION

A Conference Badge Total: _____
B Laboratory Total: _____
C Special Event Total: _____

REGISTRATION TOTAL: _____

Registration is available via mail, fax,
 and online at www.wildwestvc.com
 FAX: 703-978-7025
 MAIL: WWVC Registration
 5270 Lyngate Court
 Burke, VA 22015

Check enclosed, made payable to Wild West Veterinary Conference (Check # _____)

Charge my: Visa MasterCard American Express

Card Number _____ Exp Date _____

Card Holder Name _____

Billing Address _____

City _____ State _____ Zip _____ Country _____

Signature _____