



Use one form per registrant and spouse/guest please. Photocopy if needed.

Name \_\_\_\_\_  
Clinic \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_  
**Include an e-mail address above to be notified when the OVC proceedings are available on the OVMA Web site. Please print clearly.**

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**Veterinary Staff**  
 Practice Mgr.  Technician  Assistant  Front Office

**Full Conference Registration**  
Registration \$215 ..... \$ \_\_\_\_\_

**Single Day Conference Registration**  
 Friday  Saturday  Sunday (see Sunday only fee)  
Registration \$185 / \$110 (Sunday only) ..... \$ \_\_\_\_\_

**Urinalysis Lab**  
 Saturday AM  Saturday PM  
Fee \$30 ..... \$ \_\_\_\_\_  
(Each lab session is limited to 20 registrants. Registration is first-come, first-served. Your confirmation card will show your lab registration status.)

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**Spouse or Guest**  
Registration \$100 ..... \$ \_\_\_\_\_  
Name for Badge: \_\_\_\_\_

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

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**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)  Equine  
 Food Animal  Leadership (AM)  Leadership (PM)

**Saturday**  Awards Luncheon -OR-  Box Lunch (Choose one.)  
 Companion 1 (AM)  Companion 1 (PM)  Companion 2 (AM)  
 Companion 2 (PM)  Companion 3 (PM)  
 Equine  Food Animal  Animal Welfare (AM)  
 Leadership 1 (AM)  Leadership 2 (AM)  Leadership 2 (PM)  
 Tech./Asst. 1 (AM)  Tech./Asst. 1 (PM)  Tech./Asst. 2 (AM)  
 Tech./Asst. 2 (PM)  Tech./Asst. 3 (AM, see lab sign up above)  
 Tech./Asst. 3 (PM, see lab sign up above)

**Sunday**  Companion  Equine  Leadership/Healthcare  
 Tech./Asst. 1  Tech./Asst. 2

**Late Fee**  
Add \$25 for registrations postmarked or faxed **after February 29, 2012.**  
**Late Fee \$25 (after February 29) ..... \$ \_\_\_\_\_**

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**Total Fees ..... \$ \_\_\_\_\_**

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**Payment Method**  
**Check: Make check payable to OVMA.**  
Check # \_\_\_\_\_ Amt. \_\_\_\_\_ Rcvd. \_\_\_\_\_

**Credit Card:**  Visa  MasterCard  
No. \_\_\_\_\_ Exp. \_\_\_\_\_

3-Digit Verification Number \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Signature \_\_\_\_\_

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**How to Register**  
**Registrations accepted at the OVMA office until March 14 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

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**Refund & Cancellation Policy**  
**No cancellations and/or refunds will be honored after February 29, 2012.** 15% of the total to be refunded will be deducted for processing. Mail or fax your cancellation notice to the OVMA by February 29, 2012.

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**Special Needs**  
If you have special needs or dietary requirements, please indicate below and return this form by **February 29, 2012.**  
\_\_\_\_\_  
\_\_\_\_\_

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**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 the conference. **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 code needed to access the proceedings on the OVMA Web site.**

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