

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

University/College Attended: _____ Year Graduated: _____

A CONFERENCE RATES

	Advanced: Aug. 2 - Oct. 6	Onsite: Oct. 7 - 15	One Day Registration
Veterinarian	<input type="radio"/> \$545	<input type="radio"/> \$595	<input type="radio"/> \$325
Intern/Resident	<input type="radio"/> \$345	<input type="radio"/> \$395	<input type="radio"/> \$195
Veterinary Technician/Staff	<input type="radio"/> \$345	<input type="radio"/> \$395	<input type="radio"/> \$195
Practice Manager	<input type="radio"/> \$345	<input type="radio"/> \$395	<input type="radio"/> \$195
Veterinary Student	<input type="radio"/> \$200	<input type="radio"/> \$225	<input type="radio"/> \$100
Other Medical Professional	<input type="radio"/> \$545	<input type="radio"/> \$595	<input type="radio"/> \$325
One Day: (Select only one)	<input type="radio"/> Thurs	<input type="radio"/> Fri	<input type="radio"/> Sat
Guest/Spouse Fee	<input type="radio"/> \$200	<input type="radio"/> \$225	
Exhibit Hall Only	<input type="radio"/> 1-day \$150	<input type="radio"/> 1-day \$150	

Guest/Spouse Name(s) _____

PAYMENT INFORMATION

A Conference Badge Total: _____

B Laboratory Total: _____

C Special Event 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

REGISTRATION TOTAL: _____

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 _____

REGISTRATION FORM

B LABORATORIES & PRE-LAB LECTURES

WEDNESDAY, OCTOBER 11

Aug. 2 -
Oct. 7

Oct. 8 -
Oct. 16

- | | Aug. 2 - Oct. 7 | Oct. 8 - Oct. 16 |
|---|-----------------|------------------|
| <input type="radio"/> Beginner/Intermediate Ultrasound (Pre-Lab Lecture)
Baker, Johnson 6:00PM - 8:00PM CEU: 2 Capacity: 300 | No Fee | No Fee |

THURSDAY, OCTOBER 12

- | | | |
|---|--------|--------|
| <input type="radio"/> PL101 Intermediate/Advanced Ultrasound (Pre-Lab Lecture)
Baker, Johnson 6:00PM - 8:00PM CEU: 2 Capacity: 300 | No Fee | No Fee |
|---|--------|--------|

FRIDAY, OCTOBER 13

- | | | |
|--|-------|-------|
| <input type="radio"/> LAB201 Beginner/Intermediate Ultrasound Laboratory
Baker, Johnson 9:00AM - 12:00PM CEU: 3 Capacity: 20 | \$525 | \$555 |
| <input type="radio"/> LAB202 Intermediate/Advanced Ultrasound Laboratory
Baker, Johnson 1:00PM - 4:00PM CEU: 3 Capacity: 20 | \$525 | \$555 |
| <input type="radio"/> LAB203 Dental Radiology Lab
Stepaniuk 9:00AM - 12:00PM CEU: 3 Capacity: 16 | \$325 | \$350 |
| <input type="radio"/> LAB204 Intraoral Dental Radiology Reading Workshop
Stepaniuk 2:00PM - 5:00PM CEU: 3 Capacity: 25 | \$175 | \$200 |
| <input type="radio"/> LAB205 Anesthesia Machines and Ventilators
Crick 8:00AM - 11:00AM CEU: 3 Capacity: 15 | \$200 | \$225 |
| <input type="radio"/> LAB206 Transfusion Medicine and Component Therapy
Crick 1:00PM - 5:00PM CEU: 4 Capacity: 15 | \$275 | \$300 |
| <input type="radio"/> LAB207 Equine Joint Injections, Nerve Blocks & Ultrasound
Kaneps, Huber 6:00PM - 9:00PM CEU: 3 Capacity: 12 | \$150 | \$175 |

SATURDAY, OCTOBER 14

- | | | |
|---|-------|-------|
| <input type="radio"/> LAB301 Critical Care Procedures Wet Lab
Pratt, Ting 8:00AM - 12:00PM CEU: 4 Capacity: 10 | \$475 | \$500 |
|---|-------|-------|

Interested in being a Session Moderator?

All scientific sessions are assigned a moderator to assist the speaker(s).

WWVC will assign all moderators and send notification of assignments by mid-September.

Discount is applied to registration after assignment has been made and accepted.

- Yes, I would like to moderate sessions in the following tracks or speaker(s):

REGISTRATION FORM

C SPECIAL EVENTS & ACTIVITIES

WEDNESDAY, OCTOBER 11

Aug. 2 -
Oct. 7

Oct. 8 -
Oct. 16

<input type="radio"/>	Paint Your Pet 5:30PM - 8:30PM Capacity: 20	\$95	\$95
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THURSDAY, OCTOBER 12

<input type="radio"/>	Morning Stretch 7:00AM - 7:45AM Capacity:15	\$15	\$15
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<input type="radio"/>	Rabies Titer Testing 10:30AM - 2:30PM Capacity:50	\$160	\$180
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<input type="radio"/>	Exhibit Hall Opening Lunch 11:30AM - 12:30PM	No Fee	No Fee
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<input type="radio"/>	WWVC Happy Hour Reception 5:00PM - 6:30PM	No Fee	No Fee
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<input type="radio"/>	National Veterinary Technician Week Kick-Off Celebration 6:30PM - 8:00PM	No Fee	No Fee
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FRIDAY, OCTOBER 13

<input type="radio"/>	Virginia Lake Fun Run 6:30AM	\$10	\$10
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<input type="radio"/>	Morning Stretch 7:00AM - 7:45AM Capacity:15	\$15	\$15
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<input type="radio"/>	Taste of Nevada, Poolside Reception 5:00PM - 6:30PM	No Fee	No Fee
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<input type="radio"/>	Christian Veterinary Mission Evening Seminar 6:30PM - 8:00PM	No Fee	No Fee
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SATURDAY, OCTOBER 14

<input type="radio"/>	CVM Fellowship Breakfast 6:30AM - 8:30AM Capacity: 60	No Fee	No Fee
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<input type="radio"/>	Morning Stretch 7:00AM - 7:45AM Capacity:15	\$15	\$15
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<input type="radio"/>	Virginia Range Wild Horse Driving Tour 8:30AM - 11:30AM Capacity: 20	\$70	\$80
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<input type="radio"/>	Nevada Humane Society Shelter Tour 11:00AM - 12:30PM Capacity: 20	\$40	\$50
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<input type="radio"/>	Exhibit Hall Closing Lunch 11:30AM - 12:30PM	No Fee	No Fee
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<input type="radio"/>	Second Annual WWVC Job Fair 3:00PM - 6:00PM	No Fee	No Fee
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*All proceedings are available for download online only at www.wildwestvc.com

REGISTRATION FORM

Number of Years in Practice: 1-2 3-5 6-10 11-15 16-20 20+

Age: 20-29 yrs 30-39 yrs 40-49yrs 50-59 yrs 60+years

Gender: F M

Practice Discipline (select all that apply):

- | | | | |
|---|---|------------------------------------|---|
| <input type="radio"/> Comp. & Alternative | <input type="radio"/> Industry | <input type="radio"/> Research | <input type="radio"/> University Practice |
| <input type="radio"/> Emergency | <input type="radio"/> Mixed | <input type="radio"/> Shelter | <input type="radio"/> Zoo |
| <input type="radio"/> Equine | <input type="radio"/> Private Practice | <input type="radio"/> Small Animal | <input type="radio"/> Other |
| <input type="radio"/> Exotic | <input type="radio"/> Private Specialty | <input type="radio"/> Teaching | |

How did you hear about WWVC (select all that apply)

- | | | | |
|---|--|--------------------------------|-------------------------------------|
| <input type="radio"/> WWVC Website | <input type="radio"/> Trade/Magazine Ad | <input type="radio"/> Email | <input type="radio"/> Word of Mouth |
| <input type="radio"/> Registration Brochure | <input type="radio"/> Exhibitor/Industry | <input type="radio"/> Postcard | <input type="radio"/> WWVC Booth |
| <input type="radio"/> Previously Attended | | | |

How many years have you attended WWVC?

- | | | | |
|-----------------------------------|---------------------------------|---------------------------------|-----------------------------------|
| <input type="radio"/> First Time | <input type="radio"/> 1-4 years | <input type="radio"/> 5-9 years | <input type="radio"/> 10-15 years |
| <input type="radio"/> 16-20 years | <input type="radio"/> 21+ years | <input type="radio"/> Not Given | |

What is your role in your practice?

- Owner Manager Staff Associate Other

Please indicate if you are a member of any of the following organizations (select all that apply)

- | | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|------------------------------|-----------------------------|-----------------------------|
| <input type="radio"/> AAEP | <input type="radio"/> AAHA | <input type="radio"/> ABVP | <input type="radio"/> ACVA | <input type="radio"/> ACVECC | <input type="radio"/> ACVIM | <input type="radio"/> ACZM |
| <input type="radio"/> ACVR | <input type="radio"/> ACVS | <input type="radio"/> AVMA | <input type="radio"/> AAFF | <input type="radio"/> NAVTA | <input type="radio"/> TVC | <input type="radio"/> VECCS |
| <input type="radio"/> VHMA | | | | | | |

Are you interested in receiving RACE accreditation for attending WWVC?

- Yes No

Opt out of all Exhibitor Communications:

- Yes No

Special Needs

CANCELLATION POLICY: Changes to all registrations can be made online. Attendees who wish to cancel a registration MUST give notice in writing (by mail, fax or email) of their intention to cancel; see dates below. All refunds due will be paid within 45 days following the close of the conference. Refunds will be either credited to the credit card used during registration or via check, depending on how the original payment was made. Refunds will be processed as follows:

- On/before July 31, 2017 – full refund less 25% administrative fee
- Between August 1 and September 18, 2017 – 50% refund
- September 19, 2017 or later – no refund

*No refunds for laboratories, special events, or workshops