

REGISTRATION FORM

Registration rates are based on CVMA membership level. Please log in at colovma.org when registering online to receive your maximum discounts. To join as a member, visit colovma.org/membership.

DVM VMD CVT Other

Name of Registrant

Owner Associate Retired Technician Other

Hospital / Clinic

Mailing Address

City

State

Zip Code

Business / Mobile Phone

E-mail Address

Yes, I agree to share my email with event sponsors to receive special promotions.

- Yes, I would like to become a CVMA member/renew my membership and begin enjoying member discounts and benefits! Please have a staff member contact me to complete a membership application or assist with online renewal. Membership year is January 1-December 31, 2020.

Subscription Purchase (all 4 sessions - Hospital or Individual)

<input type="checkbox"/> CVMA Member - Premium	\$550
<input type="checkbox"/> CVMA Member - Core	\$650
<input type="checkbox"/> CVMA Member - Basic	\$720
<input type="checkbox"/> Non-Member	\$1,220
<input type="checkbox"/> Veterinary Technician (Individual Subscription only)	\$375

Number of Subscriptions: One Two

Authorized staff for subscription: All authorized staff must be CVMA members. Only one staff per session. CVMA will contact you 1 week prior to each session for the name of the doctor attending. **Each additional doctor is \$20 to be added to the subscription.**

1) _____ 3) _____

2) _____ 4) _____

Total Individual Subscription Payment \$ _____

Total Hospital Subscription Payment \$ _____

+ \$20 per additional doctor \$ _____

REGISTRATION FORM *(continued)*

Individual Session Purchase

	PREMIUM	CORE	BASIC	NON-MEMBERS
CVMA Member	\$160	\$200	\$220	
Non-Member				\$325
Veterinary Technician / Student				\$95

- March 8, 2020 Pain Management \$ _____
- April 29, 2020 Veterinary Cannabis \$ _____
- October 4, 2020 Veterinary Behavior \$ _____
- November 4, 2020 Neurology \$ _____

Total Individual Session(s) Payment \$ _____

GRAND TOTAL Payment \$ _____

Promo Code: Please write code if you have one to use. *Only one code applicable to registration.*

Premium Members: _____

Chapter 6 Members: _____

Not sure what your promo code is? Contact us at info@colovma.org

Payment Information

Check enclosed (payable to CVMA) **OR** Send me an invoice to (email): _____

Cancellations are to be submitted in writing a minimum of two weeks (14 days) prior to the session date to info@colovma.org. A full refund minus \$50 processing fee will be applied.