

REGISTRATION FORM

Use this form to sign up for the 2010/2011 Professional Development Series. *(Please print legibly!)*

Name _____

Hospital _____

Mailing Address _____

City, State, Zip Code _____

Telephone _____ Fax _____

E-mail Address _____

Subscriptions

- Individual Subscription (to be used by the person named above)
- Hospital Subscription

Please list the names of those authorized to use the hospital subscription. Each must be a DAVMS member.

- 1) _____ 5) _____
- 2) _____ 6) _____
- 3) _____ 7) _____
- 4) _____ 8) _____

	Early Bird Registration Postmarked by 8/1/2010	Advance Registration Postmarked after 8/1/2010
DAVMS Member	<input type="checkbox"/> \$695	<input type="checkbox"/> \$795
Non-member	<input type="checkbox"/> \$945	<input type="checkbox"/> \$1045
Veterinary Technician/Student	<input type="checkbox"/> \$360	<input type="checkbox"/> \$415

Subtotal — Subscription Fees \$ _____

Individual Lectures

- DAVMS Member \$220 each
 - Non-member \$270 each
 - Veterinary Technician/Student \$80 each
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- September 1, 2010 Nutrition \$ _____
 - October 6, 2010 Oncology \$ _____
 - November 3, 2010 Surgery \$ _____
 - February 9, 2011 Cardiology \$ _____
 - March 16, 2011 Pain Management \$ _____
 - April 6, 2011 Behavior \$ _____

Subtotal — Individual Lecture Fees \$ _____

Payment Information

- Check enclosed (payable to DAVMS) Please charge my VISA MasterCard

Card number _____

Exp. Date _____ Billing address zip code _____

Name on card _____

Signature _____

Return both pages of this form to DAVMS via fax to 303.318.0450 or by mail to:
191 Yuma Street • Denver, CO 80223-1205



Not a member or need to renew?

- Yes, I'd like to become a DAVMS member. Please have a staff member contact me to complete a membership application or renew online at www.davms.org