



# REGISTRATION FORM 2017 MAVT Fall Conference

Saturday, October 14th

Prince Conference Center (At Calvin College)  
1800 E Beltline Ave SE, Grand Rapids, MI 49546

Please print information clearly.  
Your name will appear on badge as listed.  
Complete one form per person.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Please Check: \_\_\_\_\_ LVT, RVT, CVT; State(s) of Licensure \_\_\_\_\_  
\_\_\_\_\_ Assistant \_\_\_\_\_ Student \_\_\_\_\_ Other \_\_\_\_\_

Name of Practice/Business: \_\_\_\_\_

Address: \_\_\_ Home \_\_\_ Work \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail (Required for confirmation): \_\_\_\_\_

## MEMBERSHIP

Take advantage of reduced registration rates by becoming an MAVT member today. Visit [www.mavt.us](http://www.mavt.us) for an individual membership application to include with your Conference registration request. Memberships are renewed annually and expire on December 31<sup>st</sup>. If you are unsure of your MAVT membership status, e-mail us at [mavtvicepresident@gmail.com](mailto:mavtvicepresident@gmail.com)

## REGISTRATION

	Early Bird	Standard	Late / On-Site*
Dates available	August 1 – August 13	August 14 – September 10	September 11 – October 2
<b>Current MAVT Member</b>	\$140.00 _____	\$165.00 _____	\$190.00 _____
<b>Student Member</b>	\$55.00 _____	\$80.00 _____	\$105.00 _____
<b>Non-Member</b>	\$190.00 _____	\$215.00 _____	\$240.00 _____

\* After October 2nd, on-site registration the day of will only be accepted, space permitting.

### Please check which track(s) you may be attending:

- \_\_\_\_\_ **Feline Focus** with *Lauren Demos, DVM, President AAFP*
- \_\_\_\_\_ **Rehabilitation** with *Kate D. Reynolds, DVM, CCRP*
- \_\_\_\_\_ **Reproduction** with *Laura Byrd, LVT*
- \_\_\_\_\_ **Mental Health & Communication** with *Karlene Belyea, MBA, CEO MVMA*
- \_\_\_\_\_ **Clinical Pathology** with *Alicia Smith, LVT*

**Your paid 2017 Conference Registration will also gain you 2018 MAVT Membership!!**

**Printed Proceedings:** \_\_\_\_\_ Optional printed & bound proceedings for an additional \$25.00; (to be dispersed at registration).

**\*\*USB drive proceedings provided to all attendees day of event\*\***

## PAYMENT INFORMATION

Register by Mail: MAVT Conference, P.O. Box 26504 Fraser, MI 48026  
Checks Payable to: Michigan Association of Veterinary Technicians  
Total Enclosed: \$ \_\_\_\_\_ Registration fee & Optional printed proceedings  
**There will be a \$20.00 fee for checks returned due to non-sufficient funds.**

## EMERGENCY CONTACT INFORMATION

Please list the individual you wish to be notified in the event of an emergency. (Required)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

## CANCELLATION POLICY

If personal or professional circumstances prevent you from attending the Conference, the MAVT will refund your Conference registration fees, less a \$50 administration fee, provided that a written refund request (to the address listed above) is received by October 2, 2017.

## 2017 FALL CONFERENCE PAYMENT FORM

Name: \_\_\_\_\_

Please check one of the following:

	<b>Early Bird</b>	<b>Standard</b>	<b>Late / On-Site*</b>
Dates available	August 1 – August 13	August 14 – September 10	September 11 – October 2
<b>Current MAVT Member</b>	\$140.00 _____	\$165.00 _____	\$190.00 _____
<b>Student Member</b>	\$55.00 _____	\$80.00 _____	\$105.00 _____
<b>Non-Member</b>	\$190.00 _____	\$215.00 _____	\$240.00 _____

**\*After October 2<sup>nd</sup>, on-site registration the day of will only be accepted, space permitting.**

Would you like a printed and bound proceedings book for an additional \$25.00?

YES \_\_\_\_\_

NO \_\_\_\_\_

**Total Enclosed:** \$ \_\_\_\_\_

**Check #** \_\_\_\_\_

**Name on Check (if different from above)** \_\_\_\_\_