

2018 REGISTRATION FORM VETERINARIANS ONLY

ATTENDEE INFORMATION **Register online at www.mvcinfo.org and save up to \$15!**

Please clearly print or type your name exactly as it should appear on your badge using dark ink. One form per veterinarian, please.

Full Name _____ Nickname (if any) _____

Area of Practice Academic Corp/Assn Equine Exotic Food Govt/Military Mixed/General Pet Research/Lab Shelter
OVMA uses this information internally to ensure you receive educational alerts specific to your area of practice. You can unsubscribe from this email list at any time.

Company/Clinic _____

Preferred Address Home Work _____

This address will be encoded into your attendee badge and is where we will send your confirmation packet.

City _____ State _____ ZIP _____

Email* _____ Phone _____ Fax _____

**Required for email confirmation once registration is processed. Must be a unique address not shared with anyone else registering for the MVC.*

How would you like to receive future MVC Registration Programs? Please send to email above. and/or I would like a hard copy.

Emergency Contact Name & Number (optional) _____

Spouse/Guest Name (if attending) _____

Please check appropriate registration type for your guest in the Registration Category section below.

If you require special assistance under the Americans With Disabilities Act, please list your needs: _____

OVMA MEMBERSHIP DUES*

If you are an OVMA Member, you can renew your membership for 2018 now, or if you are not yet an OVMA Member, join today and save on your MVC registration! More information can be found online at www.ohiovma.org/membership.

- Active Member: \$180 (practicing in Ohio) Affiliate Member: \$60 (out of state) New Graduate Member: \$120 (graduated in 2016 or 2017) Post-Graduate Resident/Intern: \$60 Active Military: \$60
- Auxiliary Member: \$25 Life Member: No Charge** (Board Approved)

New members, please provide: Vet School Attended _____ Graduation Year _____

*Payments and dues paid to the OVMA are not deductible for federal tax purposes as charitable contributions. They may be deductible as an ordinary and necessary business expense, except that portion of dues payments related to representation on legislative issues. The OVMA estimates the portion attributable to legislative advocacy in 2018 to be 20%. **Life Members must: (1) have been an OVMA Active Member in good standing for 30 or more years, which need not be consecutive; or (2) either have retired from the practice of veterinary medicine or reached 70 years of age.

REGISTRATION CATEGORY

FULL CONFERENCE

	Tier I (Through 1/9/18)	Tier II (1/10 - 2/9/18)
OVMA MEMBERS		
<input type="checkbox"/> Regular Veterinarian	\$285	\$330
<input type="checkbox"/> Post-Grad Resident/Intern	\$90	\$100
<input type="checkbox"/> Life Member	\$155	\$175
NON-MEMBER IN OHIO		
<input type="checkbox"/> Regular Veterinarian	\$465	\$510
<input type="checkbox"/> Post-Grad Resident/Intern	\$140	\$150
OUT-OF-STATE VETERINARIAN		
<input type="checkbox"/> Regular Veterinarian	\$285	\$330
<input type="checkbox"/> Post-Grad Resident/Intern	\$90	\$100
SPOUSE/GUEST (Non-veterinary professionals only)		
<input type="checkbox"/> Spouse/Guest Attendee	\$120	\$130

ONE DAY

Please select day attending: Thurs Fri Sat Sun

	Tier I (Through 1/9/18)	Tier II (1/10 - 2/9/18)
OVMA MEMBERS		
<input type="checkbox"/> Regular Veterinarian	\$170	\$200
<input type="checkbox"/> Post-Grad Resident/Intern	\$90	\$100
<input type="checkbox"/> Life Member	\$105	\$115
NON-MEMBER IN OHIO		
<input type="checkbox"/> Regular Veterinarian	\$350	\$380
<input type="checkbox"/> Post-Grad Resident/Intern	\$140	\$150
OUT-OF-STATE VETERINARIAN		
<input type="checkbox"/> Regular Veterinarian	\$170	\$200
<input type="checkbox"/> Post-Grad Resident/Intern	\$90	\$100
SPOUSE/GUEST (Non-veterinary professionals only)		
<input type="checkbox"/> Spouse/Guest Attendee	\$85	\$95

Prices listed above are for fax/postal mail registrations. Register online for discounted rates. After the Feb. 9 cut-off, you may register online at Tier III rates, but no fax or mail registrations will be processed. See chart on previous page for a complete list of registration fees and more information on pricing tiers.

Attendee Name (Please fill out if faxing) _____

SESSION & EVENT SELECTION

Please write the session numbers you plan to attend; you may attend a maximum of six per day. Although not required, it is **strongly encouraged**. Selecting your sessions allows OVMA to keep an attendance record should you need it for audit purposes; it also helps us assign rooms based on attendance numbers. You may edit your selections later should you change your mind.

Thurs 2/22 _____ Fri 2/23 _____

Sat 2/24 _____ Sun 2/25 _____

Please select any hands-on labs and/or special events you would like to attend. Pre-registration is **required**, and placement is awarded on a first-come, first-served basis. If the lab does not appear in your confirmation email, it has already met capacity.

HANDS-ON LABS & WORKSHOPS

- | | | |
|---|---|---|
| <input type="checkbox"/> A. Biosecurity for Dairy Farms: \$0
Thursday, 9:30-11:30 a.m. | <input type="checkbox"/> C. Canine Dental Extraction: \$575
Friday, 8:30-11:30 a.m. | <input type="checkbox"/> D. Feline Dental Extraction: \$575
Friday, 1:30-4:30 p.m. . |
| <input type="checkbox"/> E. Tick Identification: \$45
Friday, 1:30-3:30 p.m. | <input type="checkbox"/> H. Fear-Free Feline Handling: \$95
Saturday, 2:30-4:30 p.m. | <input type="checkbox"/> I. Fear-Free Canine Handling: \$95
Sunday, 2:30-4:30 p.m. |
| <input type="checkbox"/> Check here if you have a latex allergy | | |

SPECIAL EVENTS

- | | | |
|---|---|---|
| <input type="checkbox"/> OVMA President's Reception & Wine Tasting Fundraiser for OAHF: \$125 x Qty. : _____
Friday, 6:30-8 p.m. | <input type="checkbox"/> Auxiliary Luncheon (Member): \$0 | <input type="checkbox"/> Auxiliary Luncheon (Guest): \$25 |
|---|---|---|

CHARITABLE CONTRIBUTIONS

As part of the 5 for 5 for the Future program, OVMA earmarks \$5 from every veterinarian and technician registration for student scholarships. Since the program's inception in 2012, \$112,745 has been awarded to veterinary and technician students.

YES! I would like to donate an additional \$_____ to the 5 for 5 for the Future program.

PAYMENT INFORMATION

Payment Type: Visa MasterCard Discover American Express Check # _____ made payable to OVMA

Cardholder Name _____ Exp. Date _____

Card Number _____ CVV _____

Billing Address: If different from address provided on previous page, please provide billing address as it appears on your statement.

Address _____

City _____ State _____ ZIP _____

Total from Side 1: \$ _____ Total from Side 2: \$ _____ Grand Total Due: \$ _____

Cardholder Signature _____

Cancellation Policy. If personal or professional circumstances prevent a registrant from attending the Conference, the OVMA will refund your Conference registration fees, less a \$20 administrative fee plus 10% of fees paid, provided a written request is received before 6 p.m. EST on March 7, 2018. Conference refunds will not be granted after this date. Refunds will be granted for specialty programs and functions (including wet labs) in accordance with the above cancellation fee, providing the participant's space can be filled by another attendee and/or no charges are assessed the OVMA as a result of the cancellation.

Consent to be Photographed. Registration for the Midwest Veterinary Conference and attendance at any events, educational sessions and/or wet labs held in conjunction with the MVC constitutes an agreement by the registrant to OVMA's use and distribution of his/her image or voice in photographs, videotapes, electronic reproductions and audiotapes of such events and activities.

Privacy Disclosure. The OVMA will not release your contact information to non-exhibiting companies. Please be aware that the contact information you provide will be encoded into your attendee badge and may be obtained by Exhibitors.

Hands-On Lab Policy. By registering for a Hands-On Lab, Registrant acknowledges and agrees that some labs involve working with live animals, cadavers, specimens, equipment and other unique learning materials which may expose the registrant to a risk of injury or disease in the same manner as a veterinary professional would be exposed to these risks in carrying out the same or similar procedures in a clinical setting. The registrant, by registering for these Hands-On Labs and completing this registration form, agrees to assume this risk and hereby waives and releases the OVMA and any faculty or other participants from any and all damage or injury arising out of or related to registrant's participation in the Hands-On Labs.

Submit completed form and payment by one of the following methods:

Mail: OVMA, 1472 Manning Pkwy., Powell OH 43065 • **Fax:** 614.436.1301 • **Or register online:** www.mvcinfo.org

Deadline to register by mail or fax is Feb. 9, 2018. After this date, please register online through Feb. 18 (see page 76) or on site.

2018 REGISTRATION FORM TECHNICIANS, MANAGERS, STAFF, & STUDENTS

CONTACT INFORMATION

Register online at www.mvcinfo.org and save \$10 each!

Please type/print your preferred address below using dark ink. For group registration, all confirmation packets will be sent to this address, and each attendee will receive his/her own.

Company/Clinic _____

Mailing Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

*Shelter Animal Medicine & Care Scholarship Applicants: Please check here if you are applying for a scholarship. If checked, your registration will NOT be processed until after awards are made. For more information and an application, see page 82 or visit www.mvcinfo.org/shelter.

HOSPITAL STAFF PASSES

- A Hospital Staff Pass may be used by any non-veterinarian / non-technician staff members of a veterinary facility.
- CE verification is not included.
- Each Pass can be used for the equivalent of four days (24 hours) worth of sessions on any day or combination of days.
- It is transferrable among individuals (who are not veterinarians or technicians) throughout the Conference.
- For more information on how Hospital Staff Passes work and examples of ways it can be used, please visit www.mvcinfo.org/FAQs. Detailed instructions on how to use and pick up your Pass will be included in your MVC registration confirmation.

Please select the number of Hospital Staff Passes you wish to purchase below.

NUMBER OF PASSES	TIER I (Through 1/9/18)	TIER II (1/10 - 2/9/18)
<input type="checkbox"/> 1	\$300	\$320
<input type="checkbox"/> 2	\$600	\$640
<input type="checkbox"/> 3	\$900	\$960
<input type="checkbox"/> 4	\$1,200	\$1,280
<input type="checkbox"/> 5	\$1,500	\$1,600

If you are purchasing a Hospital Pass ONLY (i.e., not registering any individuals), please provide an administrator (practice manager, staff member, etc.) name and email below, so OVMA staff know who should receive the email confirmation.

Name _____ Email _____

ATTENDEE #1

Name _____ Nickname _____

Individual Type Technician Practice Manager Hospital Staff Shelter Staff Student Other _____

Email* _____ Phone _____

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How would you like to receive future MVC Registration Programs? Please send to email above. and/or I would like a hard copy.

Emergency Contact Name & Number (optional) _____

If you require special assistance under the Americans With Disabilities Act, please list your needs: _____

REGISTRATION TYPE

FULL MVC: \$170 (through 1/9/18) • \$190 (1/10 - 2/9/18)

ONE DAY: \$115 (through 1/9/18) • \$135 (1/10 - 2/9/18)

STUDENT REGISTRATION: \$20 Pre-Vet Tech Vet

Thur 2/22 Fri 2/23 Sat 2/24 Sun 2/25

SESSION & EVENT SELECTION

See page 76 for important information on signing up for sessions and events.

Thurs 2/22 _____ Fri 2/23 _____

Sat 2/24 _____ Sun 2/25 _____

Lab B: \$95 Lab E: \$45 Lab F: \$95 Lab G: \$125 Lab H: \$95 Lab I: \$95 Wine Tasting Fundraiser: \$125

Page 1 total: \$ _____

Company Name (Please fill out if faxing) _____

NOTE: If you do not have additional attendees, there is no need to fax this page; please skip to the next page to complete the form.

ATTENDEE #2 Name _____ Nickname _____

Individual Type Technician Practice Manager Hospital Staff Shelter Staff Student Other _____

Email* _____ Phone _____

**Required for email confirmation once registration is processed. Must be a unique address not shared with anyone else registering for the MVC.*

How would you like to receive future MVC Registration Programs? Please send to email above. and/or I would like a hard copy.

Emergency Contact Name & Number (optional) _____

If you require special assistance under the Americans With Disabilities Act, please list your needs: _____

REGISTRATION TYPE

FULL MVC: \$170 (through 1/9/18) • \$190 (1/10 - 2/9/18) ONE DAY: \$115 (through 1/9/18) • \$135 (1/10 - 2/9/18)

STUDENT REGISTRATION: \$20 Pre-Vet Tech Vet Thur 2/22 Fri 2/23 Sat 2/24 Sun 2/25

SESSION & EVENT SELECTION

See page 76 for important information on signing up for sessions and events.

Thurs 2/22 _____ Fri 2/23 _____

Sat 2/24 _____ Sun 2/25 _____

Lab B: \$95 Lab E: \$45 Lab F: \$95 Lab G: \$125 Lab H: \$95 Lab I: \$95 Wine Tasting Fundraiser: \$125

ATTENDEE #3 Name _____ Nickname _____

Individual Type Technician Practice Manager Hospital Staff Shelter Staff Student Other _____

Email* _____ Phone _____

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Emergency Contact Name & Number (optional) _____

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REGISTRATION TYPE

FULL MVC: \$170 (through 1/9/18) • \$190 (1/10 - 2/9/18) ONE DAY: \$115 (through 1/9/18) • \$135 (1/10 - 2/9/18)

STUDENT REGISTRATION: \$20 Pre-Vet Tech Vet Thur 2/22 Fri 2/23 Sat 2/24 Sun 2/25

SESSION & EVENT SELECTION

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Page 2 total: \$ _____

Company Name (Please fill out if faxing) _____

SPOUSES & GUESTS *Non-veterinary professionals ONLY.*

1. Name _____ Nickname _____
REGISTRATION TYPE Full MVC: \$120 (through 1/9/18) • \$130 (1/10 - 2/9/18) One Day: \$85 (through 1/9/18) • \$95 (1/10 - 2/9/18)
GUEST OF Attendee #1 Attendee #2 Attendee #3 **SPECIAL EVENTS** Wine Tasting Fundraiser: \$125

2. Name _____ Nickname _____
REGISTRATION TYPE Full MVC: \$120 (through 1/9/18) • \$130 (1/10 - 2/9/18) One Day: \$85 (through 1/9/18) • \$95 (1/10 - 2/9/18)
GUEST OF Attendee #1 Attendee #2 Attendee #3 **SPECIAL EVENTS** Wine Tasting Fundraiser: \$125

3. Name _____ Nickname _____
REGISTRATION TYPE Full MVC: \$120 (through 1/9/18) • \$130 (1/10 - 2/9/18) One Day: \$85 (through 1/9/18) • \$95 (1/10 - 2/9/18)
GUEST OF Attendee #1 Attendee #2 Attendee #3 **SPECIAL EVENTS** Wine Tasting Fundraiser: \$125

PAYMENT INFORMATION

Payment Type: Visa MasterCard Discover American Express Check # _____ made payable to OVMA

Cardholder Name _____ **Exp. Date** _____

Card Number _____ **CVV** _____

Billing Address: *If different from address provided on previous page, please provide billing address as it appears on your statement.*

Address _____

City _____ **State** _____ **ZIP** _____

Total from: Page 1: \$ _____ **Page 2: \$** _____ **Page 3: \$** _____ **Grand Total Due: \$** _____

Cardholder Signature _____

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