



Veterinary Exploration Conference

PARENT & STUDENT REGISTRATION FORM

STUDENT REGISTRATION

Number of Students Attending: _____ x \$10 each

Student #1 Name: _____

High School Junior High School Senior Undergraduate College Student Other _____

Student #1 Email (required for event confirmation): _____

Student #2 Name: _____

High School Junior High School Senior Undergraduate College Student Other _____

Student #2 Email (required for event confirmation): _____

Student #3 Name: _____

High School Junior High School Senior Undergraduate College Student Other _____

Student #3 Email (required for event confirmation): _____

Student #4 Name: _____

High School Junior High School Senior Undergraduate College Student Other _____

Student #4 Email (required for event confirmation): _____

Student #5 Name: _____

High School Junior High School Senior Undergraduate College Student Other _____

Student #5 Email (required for event confirmation): _____

PARENT WORKSHOP REGISTRATION

Number of Parents Attending: _____ x \$20 each

Parent #1 Name: _____ Parent #2 Name: _____

Email (required for event confirmation): _____

Phone: _____

Address: _____

City, State, ZIP: _____

SPECIAL ACCOMMODATIONS. If any of the above attendees require special assistance under the Americans with Disabilities Act or have dietary restrictions, please list them here: _____

SEND COMPLETED REGISTRATION FORM AND CHECK PAYABLE TO OVMA TO:

OVMA, 1472 Manning Pkwy., Powell OH 43065 • Or, register online at www.mvcinfo.org/VEC