

Registration Form
SVBT CE Meeting - Sept. 10-12, 2010, Las Vegas, NV

Attendee Name: _____

Credential: RVT CVT LVT CPDT-KA Assistant Other: _____

Mailing Address: _____

Phone: _____ Cell H Wk SVBT Member # _____

Email: _____

Registration Information: All registrations will be taken via mail or online prior to the meeting. A refund of 50% of the payment made will be reimbursed to those cancelling their registration on or before July 1, 2010. Cancellations after July 1, 2010 will not be reimbursed.

- SVBT Member Early Bird Registration (Post marked before July 1, 2010): \$250
- SVBT Member Registration (Received after July 1, 2010): \$300
- Non-Member Early Bird Registration (Post marked before July 1, 2010): \$275
- Non-Member Registration (Received after July 1, 2010): \$325

Subtotal: \$ _____

Applications: While everyone will have the opportunity to observe activities with the animals in our applications labs there are a **limited number** of hands-on working spots. To reserve one of these working spots please mark the appropriate box and include the associated lab fee.

Enrichment Tools Lab: Free for all attendees

Chicken lab: Observer spot \$0 Working spot \$40

Canine "How do you solve lab": Observer spot \$0 Working spot \$40

Total w/ lab options: \$ _____

T-Shirt Size (unisex): S M L XL 2X

Mail form w/payment to: SVBT CE C/O Amanda Miller, 2544 Earl St., Wooster, OH 44691

Payment methods:

Check: Check # _____ Payable to: Society of Veterinary Behavior Technicians

Credit Card: MC VS DC AmEx (Processed via PayPal)

Name on card: _____

Card Number: _____ Exp: _____

3 or 4 Digit Security Code: _____

Attendee Signature: _____

Date Received: _____

Office Use Only

Notes:

Confirmation email sent

Payment Processed