

Registration Form
Pre-Registration Closes October 22, 2010

Name: _____

Clinic: _____

Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____

REGISTRATION FEES:

Pre-Registration:

MSCVMA Members	\$ 395.00	_____
Non-Members	\$ 425.00	_____

After October 22, 2010	\$ 450.00	_____
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One-Day Registration	\$ 225.00	_____
(Please circle which day you will attend)		
Friday Saturday Sunday		

Technicians, Students & Management Staff	\$ 225.00	_____
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Meal Cost for Guests:

\$30 per meal
(Please circle which day(s) Friday Saturday)

Number of Guest Meals _____ x \$30 _____

**** TOTAL PAYMENT** _____

Registration fees include continental breakfast and breaks each day. Lunch on Friday and Saturday, and all conference materials. If additional information is required, contact Lee Hughes, MSCVMA Executive Director (901) 754-1615, Email: Lmhughes@bellsouth.net or at the address shown below:

Please make check payable to
MSCVMA and mail to:
MSCVMA
504 Sanga Circle West
Cordova, TN 38018-7633
Form may be duplicated for multiple registrations