**Mid-South Regional Veterinary Conference**

**November 20-22, 2025 – Olive Branch, MS**

**Registration Form**

**Pre-Registration Closes October 22, 2025**

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

Clinic:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REGISTRATION FEES:**

**Pre-Registration:**

 **MSCVMA Members $395.00 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Non-Members $425.00 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**After October 22, 2025 $450.00 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**One-Day Registration $225.00 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Circle which day you will attend)**

 **Thursday - Friday – Saturday**

**Technicians, Students, Management Staff $250.00 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Meal Cost for Guests:**

 **$30 per meal – Circle which meal & day(s) Friday – Saturday**

 **Number of Guest Meals \_\_\_\_\_\_\_\_\_\_x $30 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\*\* TOTAL PAYMENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\* Registration fees include dinner (Thursday only) and all breaks each day. Breakfast and Lunch Friday and Saturday. All conference materials. Complimentary parking on the grounds of the facility. If additional information is required, contact Lee Hughes, MSCVMA Executive Director, (901) 581-2622, Email:** **lee.hughes1207@outlook.com** **or at the address shown below:**

**Please make check payable to**

**MSCVMA and mail to:**

**504 Sanga Circle West**

**Cordova, TN 38018-7633**

**Credit Card Payment – Add 4% Convenience Fee**

**Name on Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payment Method (Visa, Mastercard, Discover, American Express)**

**Card No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp. Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**