





REGISTRATION *The* 2009 AAVA Annual Meeting *March 13-15, 2009*

REGISTRATION FEES

AAVA Members (Active and Associate Members)

Early Registration Received by December 1, 2008		\$175.00
Registration Received after December 1, 2008		\$275.00

Non-AAVA Members

Early Registration Received by December 1, 2008		\$375.00
Registration Received after December 1, 2008		\$475.00

Optional Wet Labs: (space is limited to 10 participants per lab and will be assigned to the first 10 members whose complete registration and payment is received by the AAVA office).

Saturday March 14, 2009

Canine Wet Lab A	(limited to 10 participants)	\$125.00 additional
Canine Wet Lab B	(limited to 10 participants)	\$125.00 additional

Sunday March 15, 2009

Equine Wet Lab	(limited to 10 participants)	\$125.00 additional
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Saturday Evening Banquet Tickets \$45/person

Buffet Lunch Friday and Saturday \$10/person/day

Name: _____ Degrees: _____

Clinic/Hospital: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone _____ Fax: _____ Email: _____

REGISTRATION FEE \$ _____

Optional Wet Lab Fee - Please Circle: Canine A Canine B Equine \$ _____

Banquet Dinner Tickets # _____ @ \$45/pp \$ _____

Banquet Menu Choices - Check one per person:

- | | |
|---|--|
| <input type="checkbox"/> Beef # _____ | <input type="checkbox"/> Salmon # _____ |
| <input type="checkbox"/> Vegetarian # _____ | <input type="checkbox"/> Chicken # _____ |

Lunch Friday # _____ at \$10/pp \$ _____

Lunch Saturday # _____ at \$10/pp \$ _____

TOTAL DUE \$ _____ 

Method of Payment: Make check payable to AAVA and mail to ~~100 Roscommon Drive, Suite 320, Middletown, CT 06457~~ or fax this form with the following information filled in, to ~~860-635-6400~~.

- AMEX VISA MasterCard

Card #: _____ Exp. Date: _____

Name on Card: _____ Signature: _____

CANCELLATION POLICY: Full refund if cancellation is before February 1, 2009. Cancellations after February 1, 2009 will be charged a cancellation fee of \$100.00.