

**21ST ANNUAL ALABAMA CONFERENCE FOR FOOD ANIMAL VETERINARIANS –
REGISTRATION FORM – FEBRUARY 24 – 26, 2012**

Name: _____

(Please print name, as it should appear on nametag) Nickname: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

A. REGISTRATION INFORMATION

* Main conference registration fee includes **20 hours of quality CE**, Friday lunch & dinner, Saturday breakfast, lunch & dinner, Sunday breakfast & lunch and all breaks. Conference Registration also includes admittance for one (1) to the Saturday evening steak dinner.

	Pre-Registration	Late/On-Site (After Jan. 23)	
• Member of _____ Veterinary Medical Association (Must be a member of one of the 50 state VMA's for member discount)	\$235.00	\$310.00	\$ _____
• Non-Member	\$335.00	\$410.00	\$ _____
• Veterinary Technician	\$185.00	\$260.00	\$ _____
• Veterinary Students (Student responsible for payment of meals and hotel room)	\$ N/C	\$50.00	\$ _____
• Meals and Breaks only (for Veterinary Student, Spouse or Guest – includes Saturday Dinner)	\$95.00	\$105.00	\$ _____

B. ACCOMMODATIONS

Occupancy in the 4-H Center motel is two per room. If you have a preference of roommate, please indicate that person below. If preference is **NOT** listed, rooms will be assigned as registrations are received (on first come, first serve basis).

Roommate Preference (if any): _____

- **ALL ROOMS AT THE 4-H CENTER ARE NOW NON – SMOKING ROOMS**

No spouse activities have been planned. If your spouse / guest would like to have a name badge printed, please indicate his / her name:

Name: _____

****You may register for a room to yourself, but you will be paying the \$96.00 per night.**

ROOM AT 4-H CENTER FRIDAY			
• Double Occupancy (registrant)	\$48.00		\$ _____
• Registrant & Spouse Occupancy	\$96.00		\$ _____
• Single Occupancy (registrant)	\$96.00		\$ _____
ROOM AT 4-H CENTER SATURDAY			
• Double Occupancy (registrant)	\$48.00		\$ _____
• Registrant & Spouse Occupancy	\$96.00		\$ _____
• Single Occupancy (registrant)	\$96.00		\$ _____
		TOTAL:	\$ _____
		GRAND TOTAL:	\$ _____

C. PAYMENT METHOD

Enclosed is a check payable to the Alabama VMA MasterCard OR Visa

Card# _____ Exp. Date _____ / _____ Three Digit Code on Back of Card _____

Name on Card _____

Signature _____

D. MEALS

I will attend the following meal functions, PLEASE ONLY CHECK THE MEALS THAT YOU WILL BE ATTENDING:

Friday, February 24 – LUNCH
Friday, February 24 – DINNER
Saturday, February 25 – BREAKFAST
Saturday, February 25 – LUNCH

Saturday, February 25 – DINNER
Sunday, February 26 – BREAKFAST
Sunday, February 26 – LUNCH

Make all checks or money orders payable to: **ALABAMA VMA**

MAIL TO: Alabama VMA, Attn: F.A., P.O. Box 3514, Montgomery, AL 36109 - or if paying by credit card, Fax (334) 270-3399 or register online at www.alvma.com

For further information contact Roberta Norris by calling (334) 395-0086 or via e-mail at roberta@franzmgt.com