

2024 VALVT Virginia Veterinary Conference Registration Form

Refunds/Substitutions: NO refunds will be issued after January 31, 2024. If you cancel before January 31st, a \$75 administrative fee will be deducted for all refunds. We do allow registrants to transfer their registration to another person's name, free of charge

Conference Notes: NOTES WILL BE AVAILABLE FOR FREE DOWNLOAD ON THE VALVT WEBSITE IN FEBRUARY.

*Friday and Saturday's in person conference fees include attendance at all lectures, receptions on Thursday and Friday and all continental breakfasts, breaks and lunches.

Please list any dietary restrictions: _____

Please mark all choices carefully and total your choices in the far right-hand column and bottom of form.

Conference Fees	On or before 1/31/24	After 1/31/24	Meals	Total
*Full Conference: Member Please circle the association you are a member of to receive this discounted conference rate: VALVT/MDVTA	\$ 245.00	\$305.00	Included	
*Friday ONLY: Member Please circle the association you are a member of to receive this discounted conference rate: VALVT/MDVTA	\$175.00	\$235.00	Included	
*Saturday ONLY: Member Please circle the association you are a member of to receive this discounted conference rate: VALVT/MDVTA	\$175.00	\$235.00	Included	
*Full Conference: Non-Member	\$305.00	\$365.00	Included	
*Friday ONLY: Non-Member	\$235.00	\$305.00	Included	
*Saturday ONLY: Non-Member	\$235.00	\$305.00	Included	
☆ Veterinary Technician Student *Please check all that apply: <input type="checkbox"/> NVCC <input type="checkbox"/> BRCC <input type="checkbox"/> TCC <input type="checkbox"/> Other	\$0.00	\$0.00	<input type="checkbox"/> Sponsored <input type="checkbox"/> Fri: \$100.00 <input type="checkbox"/> Sat: \$100.00 <input type="checkbox"/> No Meals	
Not a VALVT member? Join or renew here:				
LVT Membership	\$35.00			
New Grad Membership (2023)	\$15.00			
				\$ _____

☆ **STUDENTS PLEASE READ:**

BRCC, NVCC, and TCC Students: One day of meals will be covered. If you choose to attend the full conference and would like to participate in breaks and lunches, please indicate so above.

Check Sessions that you will be attending (LVTs may attend the DVM lectures):

Friday: ___ Technician ___ Small Animal I ___ Small Animal II ___ Public Practice ___ Equine ___ Food Animal

Saturday: ___ Technician ___ Small Animal I ___ Small Animal II ___ Equine ___ Food Animal

Full Name _____ LVT ___ RVT ___ other _____ First Name for Badge _____

Pronouns _____ Practice Name _____ Cell Phone _____

Technician Students: Technician School _____ Class of _____

Address _____

Street

City

State

Zip

*Email Address _____ (Confirmation receipt of registration will be emailed to you)

Payment Information: Make checks payable to: **Virginia Association of Licensed Veterinary Technicians**
 Credit Card Payment: **VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS**

Card # _____ (Credit card billing street address & zip code)
 Name on Card: _____

Expiration Date: _____ 3 digit security # _____ Signature: _____

Mail to: VALVT, 3801 Westerre Parkway, Suite D, Henrico, VA 23233 or Fax: 804-346-2655