

VETERINARY STAFF REGISTRATION *(Non-Technician)*

One registrant per form. Please print legibly.

Washington State Veterinary Medical Association *presents:*

2024 PACIFIC NORTHWEST VETERINARY CONFERENCE

SEPTEMBER 27-29 • TACOMA, WA

REGISTRATION PACKETS WILL BE MAILED TO YOU IN ADVANCE OF THE MEETING.

Full Name	Nickname on Badge	
Pronouns <i>(if desired)</i>	Cell Phone	
Address 1 <i>(business name if applicable)</i>	<input type="checkbox"/> Work <input type="checkbox"/> Home	
Address 2		
City	State	Zip
Email <i>(required - must be unique per attendee)</i>		
Emergency Contact Name	Emergency Contact Phone	
<input type="checkbox"/> Yes, I agree to receive text messages		

Multi-Day Conference Pass

Note: Members are veterinary staff (Non-Technicians) with 2024 dues paid to the WSVMA or another state VMA.

Pass + WSVMA Membership *(Non-Technicians)*

	thru 8/9/24	After 8/9/24 or Onsite
3-Day Pass + WSVMA Staff Membership (Fri., Sat., Sun)	<input type="checkbox"/> \$385	<input type="checkbox"/> \$435
2-Day Pass + WSVMA Staff Membership (Sat., Sun)	<input type="checkbox"/> \$285	<input type="checkbox"/> \$335

WSVMA Member *(Non-Technicians)*

3-Day Member (Fri., Sat., Sun)	<input type="checkbox"/> \$295	<input type="checkbox"/> \$345
2-Day Member (Sat., Sun)	<input type="checkbox"/> \$195	<input type="checkbox"/> \$245

Non-VMA Member *(Non-Technicians)*

3-Day Non-Member (Fri., Sat., Sun)	<input type="checkbox"/> \$355	<input type="checkbox"/> \$405
2-Day Non-Member (Sat., Sun)	<input type="checkbox"/> \$245	<input type="checkbox"/> \$345

Single Day Pass

Select only **one day**. For more than one day please select a Multi-Day Conference Pass above.

WSVMA Member *(Non-Technicians)*

	thru 8/9/24	After 8/9/24 or Onsite
Friday, September 27 only	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200
Saturday, September 28 only	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200
Sunday, September 29 only	<input type="checkbox"/> \$95	<input type="checkbox"/> \$115

Non-VMA Member *(Non-Technicians)*

Friday, September 27 only	<input type="checkbox"/> \$195	<input type="checkbox"/> \$245
Saturday, September 28 only	<input type="checkbox"/> \$195	<input type="checkbox"/> \$245
Sunday, September 29 only	<input type="checkbox"/> \$135	<input type="checkbox"/> \$185

Easy Online registration
available at pnwvc.org

Registration Subtotal

\$ _____

Which tracks do you plan on attending? – (for informational purposes only)

Small Animal Large Animal Equine Other Practice Management

Meals & Events – (required)

MEALS ARE INCLUDED WITH REGISTRATION BUT YOU MUST IDENTIFY WHICH DAYS YOU WILL ATTEND. NO EXTRA MEALS WILL BE AVAILABLE ON-SITE.

Friday, 9/27 - Box Lunch

Regular Gluten Free
 Vegetarian Vegan

Please choose all that apply

Saturday, 9/28 - Plated Awards Lunch

Regular/Gluten Free
 Vegetarian/Vegan

Tomatoes are on most meals

Friday, 9/27 - Special Event

DJ Mixer Event *(RSVP Required)*
Enter your song request for the DJ!

Fun Run/Walk/Bike & Yoga

Saturday, 9/28 - Fun Run / Walk / Bike
 Saturday, 9/28 - Morning Yoga

No. of participants _____ x \$25 ea.
No. of participants _____ x FREE

Proceeds benefit the WSVMA Past Presidents' Scholarship Fund

Guest Registration & Meals

Spouses and children over 6 years old. **Guest Registration includes lunches for guest(s) but you must identify which days guests will attend. NOTE:** Guest registration is not intended for veterinarians, technicians or veterinary staff (even if CE credit is not desired). Guest registration is needed by those attending sessions, meals or entering the exhibit hall during the conference.

Number of Guest: _____ x \$150 ea.

Guest Subtotal \$ _____

Guest Name(s): 1.) _____

2.) _____

Friday, 9/27 - Box Lunch

Regular/Gluten Free
 Vegetarian/Vegan

Tomatoes are on most meals

Saturday, 9/28 - Plated Awards Lunch

Regular Gluten Free
 Vegetarian Vegan

Friday, 9/27 - Special Event

DJ Mixer Event *(RSVP Required)*
Enter your song request for the DJ!

Sponsor a Student

With veterinary student attendance expected to increase this year, the WSVMA needs your support in helping out your future colleagues. Help the WSVMA and the students cover the cost by sponsoring them.

Suggested Donation \$50

Other Amount \$ _____

Sponsorship Subtotal \$ _____

Payment Information

I have read and agree to follow the terms and conditions in the 2024 Pacific Northwest Veterinary Conference (PNWVC) Liability Waiver and Participation Agreement found at pnwvc.org/waiver. I understand my consent to follow this agreement is mandatory for participation in the event.

Please Print Legibly

Total Payment \$ _____

Check: Make payable to WSVMA (US Funds Only)

Credit Card: MasterCard VISA AMEX

Name on card _____

CVV _____

Card No. _____

Exp. Date _____

Billing address (if different) _____

Email receipt to: _____

Signature _____

TO SUBMIT YOUR REGISTRATION:

Email: info@wsvma.org
Fax: (425) 396-3192
Phone: (425) 396-3191

Mail: WSVMA
23515 NE Novelty Hill Rd.,
Ste. B221-337
Redmond, WA 98053

STAFF
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