

# VETERINARIAN REGISTRATION

One registrant per form. Please print legibly.

Washington State Veterinary Medical Association *presents:*

## 2025 PACIFIC NORTHWEST VETERINARY CONFERENCE

SEPTEMBER 26-28 • TACOMA, WA

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

### Complete Conference Pass – 9/26 - 9/28

Note: Members are those with current dues paid to the WSVMA or another state VMA.

Veterinarian	thru 8/10/25	After 8/10/25 or Onsite
WSVMA Member	<input type="checkbox"/> \$475	<input type="checkbox"/> \$550
Complete Conference Pass + WSVMA General Membership (save \$30)	<input type="checkbox"/> \$780	<input type="checkbox"/> \$860
Non-VMA Member	<input type="checkbox"/> \$700	<input type="checkbox"/> \$775
Retired VMA Member	<input type="checkbox"/> \$375	<input type="checkbox"/> \$450
2021-2025 Graduates	<input type="checkbox"/> \$320	<input type="checkbox"/> \$395
Veterinary Students	<input type="checkbox"/> Complimentary	<input type="checkbox"/> Complimentary

### Single Day Pass

Select only **one day**. For more than one day please select a Complete Conference Pass above.

WSVMA Member	thru 8/10/25	After 8/10/25 or Onsite
Veterinarian - Friday, September 26 only	<input type="checkbox"/> \$290	<input type="checkbox"/> \$340
Veterinarian - Saturday, September 27 only	<input type="checkbox"/> \$290	<input type="checkbox"/> \$340
Veterinarian - Sunday, September 28 only	<input type="checkbox"/> \$205	<input type="checkbox"/> \$255
Non-VMA Member		
Veterinarian - Friday, September 26 only	<input type="checkbox"/> \$445	<input type="checkbox"/> \$495
Veterinarian - Saturday, September 27 only	<input type="checkbox"/> \$445	<input type="checkbox"/> \$495
Veterinarian - Sunday, September 28 only	<input type="checkbox"/> \$290	<input type="checkbox"/> \$340

### Wet / Dry Labs

**Required:** Purchase of Complete Conference Pass or purchase of Single Day Pass for day of lab. Limited space is available.

\* Email [info@wsvma.org](mailto:info@wsvma.org) to be added to the waitlist for sold out labs.

	WSVMA Member	Non-VMA Member
<b>Friday, September 26</b> *CPR Recover Lab includes Online Course Prerequisite (Limited to 20 Attendees)	<input type="checkbox"/> \$449	<input type="checkbox"/> \$599
<b>Saturday, September 27</b> *JumpStart Front Office Bootcamp (Limited to 40 Attendees)	<input type="checkbox"/> \$199	<input type="checkbox"/> \$249

Easy Online registration  
available at [pnwvc.org](http://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, 9/26 - Box Lunch**

Yes, I will need a meal  
 No, I will not be attending

*We will contact you for your specific meal choice at a later date.*

**Saturday, 9/27 - Box Lunch**

Yes, I will need a meal  
 No, I will not be attending

*We will contact you for your specific meal choice at a later date.*

**Friday, 9/26 - Awards Ceremony**

5:00-7:00 pm (RSVP Required)  
*Appetizers & No-Host Bar*

**Fun Run/Walk/Bike & Yoga**

Saturday, 9/27 - Fun Run / Walk / Bike

No. of participants \_\_\_\_\_ x \$25 ea.

*Proceeds benefit the WSVMA Past Presidents' Scholarship Fund*

Saturday, 9/27 - Morning Yoga

No. of participants \_\_\_\_\_ x FREE

**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, 9/26 - Box Lunch**

Yes, I will need a meal  
 No, I will not be attending

*We will contact you for your specific meal choice at a later date.*

**Saturday, 9/27 - Box Lunch**

Yes, I will need a meal  
 No, I will not be attending

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*Appetizers & No-Host Bar*

**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 2025 Pacific Northwest Veterinary Conference (PNWVC) Liability Waiver and Participation Agreement found at [pnwvc.org/waiver](http://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](mailto:info@wsvma.org)  
**Fax:** (425) 396-3192  
**Phone:** (425) 396-3191

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

**DVM**  
**Pg. 2 of 2**