



120th USAHA / 59th AAVLD Annual Meeting Registration Form

Pre-Registration Ends September 23, 2016

Please print clearly



AAVLD Form

- Dr.
- Mr.
- Ms.

Last Name

First Name

M.I.

Mailing Address

City

State

Zip

Affiliation

Phone

E-Mail

Cell

I am a: (Check ALL that apply) USAHA Member AAVLD Member Non-member Student

NOTE: Members must be current year members to receive the 2016 Annual Meeting member rate.

1. MEETING REGISTRATION

- AAVLD Member - \$300
- Life Member - \$150
- One Day - \$200
(list day) _____
- Two Day - \$250
(list days) _____ / _____

2. DUES

RENEWAL

- AAVLD 2017 Indv. Dues - \$200
 - AAVLD 2017 Associate Dues - \$50
- OR-

NEW MEMBER

To receive registration discount, you must be a current AAVLD Member

- AAVLD 2016 Indv. Dues - \$200
- AAVLD 2016 Associate Dues - \$50

3. EVENTS

Please indicate which you plan to attend. Your indication will be used for proper counts.

- AAVLD President's Reception and Foundation Auction - Friday, Oct. 14, 6 p.m. (included)
- USAHA/AAVLD President's Dinner - Sunday, Oct. 16, 6 p.m. (included)
- Membership Luncheon (included) - Monday, Oct. 17, 12 p.m.

4. OTHER

- AAVLD Foundation Donation \$ _____ (enter amount)
- AAVLD Proceedings (Printed OR Flash Drive - choose one) Free for members of AAVLD - also available online/through app at no charge.
- QA Symposium - Thurs. Oct. 13 - **ADD \$25.00**
- Best Practices for Submitting, Reviewing, and Publishing Manuscripts in JVDI - Thurs., Oct. 13 - no fee; meeting reg. required
- Bacteriology Mini-Symposium - Fri., Oct. 14 **ADD \$20.00**
- Gross Pathology Mock Examination - Sat., Oct. 15 - no fee; meeting registration required
- Racehorse Pathology/Diagnostics Special Session - Sun, Oct. 16- no fee; meeting registration required.
- Additional USAHA/AAVLD President's Dinner Ticket **ADD \$50.00** ea. Number of Tickets _____
- Spouse's Registration **ADD \$85.00** (includes Spouse's Brunch and President's Dinner)

Spouse Name _____ City _____ State _____

PAYMENT METHOD

*Payment required to process registration

- Check (*payable to USAHA*)
- Master Card
- Visa
- American Express
- Discover

Credit Account Number: _____

Expiration Date: ___ - ___ Security Code: _____

Cardholder Name: _____ Phone _____

Full Address: _____ Zip _____

Signature: _____

USAHA EIN: 21-6008168

RETURN TO USAHA: ****please do not email this form for security purposes****

4221 Mitchell Ave. St. Joseph, MO 64507 or Fax: 816-671-1201

TOTAL \$ _____

REFUND Policy

Registrants of the USAHA/AAVLD Annual Meetings may cancel their registration by notifying the USAHA Office. Cancellations prior to the start of the meeting (October 14, 2016) will receive a refund of their fees less \$25. Cancellations may be made until October 26, 2016 with a refund of fees less \$75. No cancellations are accepted after October 26, 2016. USAHA nor AAVLD hold no responsibility for cancellation fees associated with lodging, travel or other expenses to the individual registrant.