



2022 AKVMA SYMPOSIUM REGISTRATION FORM

ANCHORAGE SHERATON HOTEL, 401 E 6TH AVENUE

OCTOBER 7—9, 2022

Name _____ E-Mail: _____

Business Address: _____

Phone: _____ List your credentials: _____

Registration Fees	Postmarked By 9/13/22	Postmarked After 9/13/22	Total
AKVMA Member—Full Conference	\$350	\$400	
AKVMA Member—One Day Circle which day: SAT or SUN	\$260	\$285	
Non-Member (DVM or VMD) - Full Conference	\$475	\$525	
Non-Member (DVM or VMD) - One Day Circle which day: SAT or SUN	\$290	\$315	
VT/Office Staff of AKVMA Member—Full Conference	\$275	\$300	
VT/Office Staff of AKVMA Member—One Day Circle which day: SAT or SUN	\$170	\$190	
VT/Office Staff of Non—AKVMA Member - Full Conference	\$300	\$325	
VT/Office Staff of Non—AKVMA Member—One Day Circle which day: SAT or SUN	\$190	\$210	
Guest Meals for Spouse or Others (Note: Meals are included for conference registrants)	Friday Eve. Hors d'oeuvres Add \$30 Saturday Breakfast Add \$30 Saturday Lunch Add \$35 Sunday Breakfast Add \$30 Sunday Lunch Add \$35		

Please check if you will be attending the following events:

Friday Evening Hors d'oeuvres Sunday 7am—8am Breakfast/Speaker (Needed for meal reservation)

AKVMA Membership Meeting (open to members only)

There are three sessions that are RACE approved. Do you wish to receive a RACE certificate. _____ YES _____ NO

If Yes, list your license no. _____ State of Licensure: _____ Circle if VET or VT

Pay by Check (payable to AKVMA) or Credit Card

Mail to: AKVMA, PO Box 1231, Bismarck ND 58502-1231 (Mail by Sept. 23 to assure timely receipt)

Fax to: 701.751.4451 (Fax by Monday, Oct. 3)

Card # _____ Total Amount Charged: \$ _____

Name on Credit Card _____

Exp. Date _____ 3 digit CVV # _____ Email Address: _____ (to send your receipt)

Credit Card Mailing Address: _____

Authorized Signature: _____