

**Montana Veterinary Medical Association
Red Lion Colonial Hotel – Helena – 406-443-2100
June 27 – 29, 2010**

Summer Conference Registration Form

All Days– Fee includes Proceedings book, registration packet, all meals and breaks, Sunday breakfast through Tuesday noon.
Veterinarians may bring one guest to meals and breaks only at no additional charge.
A guest registration does not provide access to continuing education sessions.

Category	Before May 15	May 15 – June 5	June 6 and after	Your Fee
• All Days – MVMA or VMA Member of Other State	\$275	\$285	\$305	
• All Days – Non VMA Member	\$375	\$385	\$405	
• All Days – Technician -- Guest option not available at the technician rate.	\$120	\$130	\$140	

Two Day (Sunday / Monday or Monday / Tuesday) – Proceedings book, registration packet, all meals and breaks for 2 day.
Veterinarians may bring one guest to meals and breaks only at no additional charge.
A guest registration does not provide access to continuing education sessions.
One day registration not available.

Category	Before May 15	May 15 – June 5	June 6 and after	Your Fee
• 2 Day – MVMA or VMA Member Check: <input type="checkbox"/> Sun/Mon or <input type="checkbox"/> Mon/Tues	\$225	\$235	\$255	
• 2 Day – Non VMA Member Check: <input type="checkbox"/> Sun/Mon or <input type="checkbox"/> Mon/Tues	\$325	\$335	\$305	
• 2 Day – Technician Check: <input type="checkbox"/> Sun/Mon or <input type="checkbox"/> Mon/Tues	\$95	\$105	\$115	

Please register me for the following Monday afternoon activities organized by the MVMA.

Auxiliary meeting and tour on Sunday, June 27 – **Registration required.** Name _____

Hiking – Mt Helena –Name of hiker(s) _____

Golf – Pay onsite Name of golfer(s) and handicap of each _____

Boating at Canyon Ferry – Names of boaters _____

TOTAL – You may pay on line at the www.mtvma.org (MVMA Site) or by check.

I have paid online at www.mtvma.org. My confirmation code is _____
Registration form must be completed and mailed to MVMA office for online payments.

I am paying by check to MVMA, PO Box 6322, Helena, 59604.

Please complete one form for each attendee

Name _____ DVM CVT Other
Provide first name as it should appear on your name badge. Please check.

Will you have a spouse/guest? Yes No If yes, full name _____

Clinic _____ Email _____
Confirmation message will be sent if email provided.

Address _____ City _____ State/Zip _____

Refunds available if cancellation received by noon Friday, June 25.

If you have dietary restrictions / allergies, please provide: _____

Questions? Call Gail at the MVMA office – 406-447-4259.