

REGISTRATION FORM



SEPTEMBER 20-23, 2018

Henry B. González Convention Center
San Antonio, Texas



REGISTRATION FORM

3 WAYS TO REGISTER FOR YOUR CONVENIENCE

1 ONLINE

WWW.SWVS.ORG

2 MAIL

SWVS REGISTRATION CENTER
SOUTHWEST VETERINARY SYMPOSIUM
801 E. PLANO PARKWAY, SUITE 208
PLANO, TX 75074

3 FAX

972-850-7469

REGISTRATION INFORMATION

For registration questions, call (972) 664-9800 or email info@swvs.org

Dr. Mr. Mrs. Ms.

Name _____
FIRST MI LAST

Credentials _____

CHECK ONE:

- DVM Practice Manager
 1st Year DVM Technician
 Intern/Resident Student
 Office Staff



MAILING INFORMATION

Business | Clinic | School _____

Mailing Address _____

City _____ State/Prov _____ Zip/Postal Code _____ Country _____

Telephone _____ Cell Phone _____

I give SWVS permission to use my cell phone number for text updates.

Email _____ Fax _____

Please check here if you need accessibility or accommodations that meet the regulations of the Americans with Disabilities Act.



STUDENTS

Veterinary School _____

PROFESSIONAL CLASSIFICATION

Companion/Small Animal Equine Exotic Food Animal Integrative Medicine Mixed Practice Practice Management Wildlife/Zoo

PROFILE

Age Under 25 25-34 35-49 50-65 65+

Gender Male Female

I have attended SWVS First Time 1-2 Times 3-4 Times 5+ Times

How did you hear about SWVS? Email Industry Referral Internet/Search Engine Journals/Periodicals Postcard SWVS Registration Guide

SWVS Website Word of Mouth Other _____

Are you a member of a VMA? If so, please let us know which VMA(s)? _____

SWVS WILL NOT RELEASE YOUR CONTACT INFORMATION TO NON-EXHIBITING COMPANIES.
AS A CONFERENCE ATTENDEE, YOUR PHOTO MAY BE CAPTURED AND USED FOR FUTURE MARKETING

Name _____

FIRST

LAST

REGISTRATION	EARLY BIRD JAN 31-JUL 18	ADVANCED JUL 19-AUG 31	ON-SITE SEPT 1-SEPT 23	TOTAL
<input type="checkbox"/> DVM (FULL)	\$470	\$520	\$570	\$ _____
<input type="checkbox"/> One Day DVM Friday	\$240	\$265	\$290	\$ _____
<input type="checkbox"/> One Day DVM Saturday	\$240	\$265	\$290	\$ _____
<input type="checkbox"/> One Day DVM Sunday	\$240	\$265	\$290	\$ _____
<input type="checkbox"/> FIRST YEAR DVM <i>A copy of your transcript is required with this form</i>	\$235	\$260	\$285	\$ _____
<input type="checkbox"/> INTERN/RESIDENT <i>A letter from your employer is required with this form</i>	\$235	\$260	\$285	\$ _____
<input type="checkbox"/> PARTNER POWER PACKAGE (POP) DVM+3 Staff (buy 2 staff & get 1 free)	\$870	\$970	\$1,070	\$ _____
<input type="checkbox"/> TECHNICIAN (FULL) <input type="checkbox"/> OFFICE STAFF (FULL) <input type="checkbox"/> PRACTICE MGR (FULL)	\$200	\$225	\$250	\$ _____
<input type="checkbox"/> Tech <input type="checkbox"/> OS <input type="checkbox"/> PM One Day Friday	\$150	\$175	\$200	\$ _____
<input type="checkbox"/> Tech <input type="checkbox"/> OS <input type="checkbox"/> PM One Day Saturday	\$150	\$175	\$200	\$ _____
<input type="checkbox"/> Tech <input type="checkbox"/> OS <input type="checkbox"/> PM One Day Sunday	\$150	\$175	\$200	\$ _____
<input type="checkbox"/> STUDENT <i>A copy of student ID is required with this form</i>	\$45	\$50	\$55	\$ _____

DESIGN CONFERENCE (DVMs and Practice Managers are invited to register)

<input type="checkbox"/> Thursday ONLY	\$150	\$150	\$265	\$ _____
<input type="checkbox"/> Friday ONLY	\$165	\$165	\$275	\$ _____
<input type="checkbox"/> Thursday & Friday	\$175	\$175	\$285	\$ _____
<input type="checkbox"/> Select for a 30-minute architect consultation (FREE)				\$ _____

EXHIBITS ONLY (Includes admittance to the Exhibit Hall ONLY - 1 day allowed during 3-day conference. NO admittance to CE Sessions. Lunch not included. Bag not included.)

<input type="checkbox"/> Exhibits ONLY Friday	\$70	\$75	\$80	\$ _____
<input type="checkbox"/> Exhibits ONLY Saturday	\$70	\$75	\$80	\$ _____
<input type="checkbox"/> Exhibits ONLY Sunday	\$50	\$55	\$60	\$ _____

TICKETED EVENTS (Limited space is available for each course, first-come, first-served basis) Complete details available at www.swvs.org

SESSION TITLE				
<input type="checkbox"/> _____				\$ _____
<input type="checkbox"/> _____				\$ _____
<input type="checkbox"/> _____				\$ _____
<input type="checkbox"/> _____				\$ _____

SOCIAL EVENTS

<input type="checkbox"/> SWVS Clay Shooting Tournament - 9/20	# _____ Players @ \$135 / Player	\$ _____
<input type="checkbox"/> Hill's Event - Friday 9/21, Sponsored by Hill's (RSVP required)	# _____ FREE (Limited to 2)	\$ _____
<input type="checkbox"/> Alamo After Hours Tour - Saturday 9/22, 6:00 -7:00 pm	# _____ @ \$30 Per Person	\$ _____
<input type="checkbox"/> Yoga - Friday 9/21, 6:00 -7:00 am	# _____ @ \$5	\$ _____
<input type="checkbox"/> Yoga - Saturday 9/22, 6:00 -7:00 am	# _____ @ \$5	\$ _____
<input type="checkbox"/> Yoga - Sunday 9/23, 8:00 -9:00 am	# _____ @ \$5	\$ _____

ADDITIONAL TICKETED ITEMS

<input type="checkbox"/> Titer Determination - Saturday 9/22 (ONLY if you've had a series before)	# _____ @ \$75	\$ _____
<input type="checkbox"/> Rabies Booster Vaccine - Saturday 9/22 (ONLY if you've had a series before)	# _____ @ \$300	\$ _____
<input type="checkbox"/> SWVS T-Shirts 2018 (S/M/L/XL/XXL/XXXL)	# _____ @ \$15 S/M/L/XL <i>Please Circle Size</i>	\$ _____
	# _____ @ \$18 XXL/XXXL <i>Please Circle Size</i>	\$ _____
<input type="checkbox"/> SWVS T-Shirt 2017 (L and XL only)	# _____ @ \$5 L/XL <i>Please Circle Size</i>	\$ _____
<input type="checkbox"/> SWVS Blanket	# _____ @ \$20	\$ _____

SCHOLARSHIP DONATION

<input type="checkbox"/> Veterinary 1st Year Graduate DVM Scholarship Fund	\$ _____
<input type="checkbox"/> LTC Daniel Holland, DVM Memorial Scholarship Fund	\$ _____

REGISTRATION TOTAL

\$ _____

PAYMENT

All confirmations will be sent to your email address. View registration information, cancellation policy and deadlines at www.swvs.org. SWVS accepts checks (made payable to SWVS) or credit card payment for Symposium Registration fees. For more information, call SWVS Registration Center (972) 664-9800 or email info@swvs.org

Method of Payment: AMEX MasterCard VISA Check (Drawn on US bank)

Card # _____ Exp Date _____ CVV Code _____ Signature _____

BILLING INFORMATION (if different from Registrant information)

Name on Credit Card _____ Billing Address _____

City _____ State/Prov _____ Zip/Postal Code _____

Billing Telephone _____ Billing Email _____

By completing and submitting this Registration Form, I agree to the registration deadline and cancellation policies as outlined on the SWVS website.

Signature _____ Date _____

NO REFUNDS ALLOWED
AFTER AUGUST 31st