

# 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](mailto:info@swvs.org)

Dr.  Mr.  Mrs.  Ms.

Name \_\_\_\_\_  
FIRST MI LAST

Credentials \_\_\_\_\_

#### CHECK ONE:

- |  |   |
|--|---|
| <input type="checkbox"/> DVM             | <input type="checkbox"/> Practice Manager |
| <input type="checkbox"/> 1st Year DVM    | <input type="checkbox"/> Technician       |
| <input type="checkbox"/> Intern/Resident | <input type="checkbox"/> Student          |
|  | <input type="checkbox"/> 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"/> <b>DVM (FULL)</b>	\$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"/> <b>FIRST YEAR DVM</b> <i>A copy of your transcript is required with this form</i>	\$235	\$260	\$285	\$ _____
<input type="checkbox"/> <b>INTERN/RESIDENT</b> <i>A letter from your employer is required with this form</i>	\$235	\$260	\$285	\$ _____
<input type="checkbox"/> <b>PARTNER POWER PACKAGE (POP)</b> <i>1 DVM + 3 Staff (buy 2 staff &amp; get 1 free)</i>	\$870	\$970	\$1,070	\$ _____
<input type="checkbox"/> <b>GUEST</b> <i>Limit one guest per conference registrant.</i>	\$40	\$40	\$40	\$ _____
<i>Includes family members who ARE NOT DVMs, RVTs, office staff or practice managers. Guests are only allowed in the Exhibit Hall. Minimum age of 17+.</i>				
Name _____				
FIRST MI LAST				

<input type="checkbox"/> <b>TECHNICIAN (FULL)</b> <input type="checkbox"/> <b>OFFICE STAFF (FULL)</b> <input type="checkbox"/> <b>PRACTICE MGR (FULL)</b>	\$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"/> <b>STUDENT</b> <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	\$165	\$175	\$ _____
<input type="checkbox"/> Friday ONLY	\$150	\$165	\$175	\$ _____
<input type="checkbox"/> Thursday & Friday	\$265	\$275	\$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"/> 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 <i>Please Circle Size</i>	\$ _____
<input type="checkbox"/> Yoga - Saturday 9/22, 6:00 -7:00 am	# _____ @ \$5 <i>Please Circle Size</i>	\$ _____
<input type="checkbox"/> Yoga - Sunday 9/23, 8:00 -9:00 am	# _____ @ \$5 <i>Please Circle Size</i>	\$ _____

**ADDITIONAL TICKETED ITEMS**

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