

1 ATTENDEE INFORMATION

AVMA Membership ID#: _____

First Name _____ Last Name _____

Check Degree: CVT DVM LVT PhD RVT VMD Other _____

Professional Title _____

Practice/Company/University _____

Address _____

City and State/Province _____ Postal Code _____

Email _____ Country _____

Business Phone _____ Fax _____

2 REGISTRATION FEES

| SELECT YOUR REGISTRATION TYPE | Advance by June 12 | Standard After June 12 |
|---|--------------------|------------------------|
| FULL CONVENTION | | |
| <input type="checkbox"/> AVMA Member Veterinarian | \$585 | \$685 |
| <input type="checkbox"/> AVMA Honor Roll/Retired Member | \$485 | \$560 |
| <input type="checkbox"/> Member of Foreign Veterinary Medical Association | \$585 | \$685 |
| <input type="checkbox"/> AVMA Member 2019 Veterinary Graduate | \$0 | \$0 |
| <input type="checkbox"/> Recent Graduate ¹ – One Time Only 2014-2018 | \$0 | \$0 |
| <input type="checkbox"/> Veterinary Student ² <input type="checkbox"/> SAVMA Member <input type="checkbox"/> Non-Member | \$0 | \$135 |
| <input type="checkbox"/> Non-AVMA Member Veterinarian | \$810 | \$910 |
| <input type="checkbox"/> Veterinary Technician | \$335 | \$385 |
| <input type="checkbox"/> Veterinary Technician Student ² | \$0 | \$135 |
| <input type="checkbox"/> Non-Veterinarian | \$335 | \$385 |
| <input type="checkbox"/> Practice Staff | \$335 | \$385 |
| SINGLE DAY REGISTRATION | | |
| <input type="checkbox"/> AVMA Member Price Per Day <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN <input type="checkbox"/> MON/TUE | \$310 | \$310 |
| <input type="checkbox"/> Non-AVMA Member Price Per Day <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN <input type="checkbox"/> MON/TUE | \$435 | \$435 |
| <input type="checkbox"/> Veterinary Technician Price Per Day <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN <input type="checkbox"/> MON/TUE | \$235 | \$235 |
| <input type="checkbox"/> Non-Veterinarian Price Per Day <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN <input type="checkbox"/> MON/TUE | \$235 | \$235 |
| <input type="checkbox"/> Practice Staff Price Per Day <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN <input type="checkbox"/> MON/TUE | \$235 | \$235 |
| TOTAL | | |

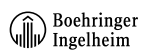
4 EVENTS

Please indicate if you plan to attend the following events. Guest registration is required for additional event tickets.

Saturday, August 3

- AVMA Keynote**
Walter E. Washington Convention Center
10:00am–noon
- Live Life, Love All**
Penn Social
8:00pm

Sunday, August 4

- Auxiliary Membership Luncheon**
Marriott Marquis Washington D.C.
12:00–1:30pm (time subject to change)
- Adults \$75 Qty _____ \$ _____
Under 18 years \$35 Qty _____ \$ _____
- AVMA Concert: Battle of the Bands** sponsored by:  **Boehringer Ingelheim**
The Anthem
6:30pm
- Adult \$5 Qty _____ \$ _____
Under 18 years \$0 Qty _____

TOTAL

Due to frequent updates in Interactive Lab and Workshop offerings we are unable to support registration via this form. To register for Interactive Labs and Workshops please register online or contact us at 888-295-4523/972-349-5813. The most up to date lab offerings can be viewed at avmaconvention.org.

3 GUESTS³

| GUEST(S) OVER 18: \$95 | | |
|---|--|--|
| <input type="checkbox"/> First _____ Last _____ | | |
| <input type="checkbox"/> First _____ Last _____ | | |
| <input type="checkbox"/> First _____ Last _____ | | |
| CHILDREN (UNDER 18): \$0 | | |
| <input type="checkbox"/> First _____ Last _____ Age _____ | | |
| <input type="checkbox"/> First _____ Last _____ Age _____ | | |
| <input type="checkbox"/> First _____ Last _____ Age _____ | | |
| TOTAL | | |

5 CONVENTION HANDOUTS USB

An electronic copy of the Convention Handouts, reference documents created by speakers for their sessions, is included with your registration and will be available on the convention website and via the AVMA Convention app on your smartphone or other mobile device.

If you would like a physical copy, purchase a USB below. CDs are not produced.

\$55 Qty _____ \$ _____

TOTAL

¹ AVMA accredited veterinary school graduates, upon joining the AVMA, are eligible for one complimentary AVMA Convention registration within five (5) years from the date of graduation (year of graduation 2014-2018). Eligibility will be verified from AVMA membership records.

² Students working towards a veterinary degree and veterinary technician students. Non-SAVMA member students must present school ID when picking up registration materials onsite.

³ AVMA welcomes guests and children of attendees to participate in some events. Guests and children are not permitted to attend continuing education (CE) classes. Childcare will be available.

6 DEMOGRAPHIC QUESTIONS

Response required to process your registration.

1. What is your current employment type?

(Choose one that best fits)

- Private Clinical Practice
- Academia
- Government
- Industry/Commercial
- Temporarily Not Employed in Veterinary Field
- Non-Veterinary Employment
- Not Employed/Retired
- Other (please specify) _____

2. Which best describes your current professional role?

(Choose one that best fits)

- Practice Owner/CEO/President/Vice-President
- Dean/Professor
- Director/Assistant Director
- Practice Manager/Support Staff
- Veterinarian
- Veterinary Technician
- Associate
- Relief
- Marketing/Brand Manager/Account Manager
- Sales/Business Development Consultant/Recruiter
- Student/Intern/Residency
- Retired
- Other (please specify) _____

3. What is your primary species category?

(Choose one that best fits)

- Food Animal Predominant
- Food Animal Exclusive
- Companion Animal Predominant
- Companion Animal Exclusive
- Multiple Species
- Equine Predominant
- Equine Exclusive
- Poultry
- Avian/Exotics
- Other (please specify) _____

- Not Applicable

4. Please check products and services of interest.

(Choose all that apply)

- Anesthesia Equipment
- Animal Identification
- Animal Restraints – Cages & Kennel Systems
- Animal Wellness
- Bandaging
- Behavior Products
- Bovine Products
- Client Communication/Marketing
- Computer Hardware/Software
- Dental Technology/Supplies
- Dermatologics
- Diagnostic Consultant
- Diagnostic Technology & Services
- Digital X-ray

- Education Training/Video
- Employment Opportunities
- Endoscopy
- Equine Products
- Equipt., Drugs, & Supply Distr.
- Exam & Operating Room Equipment
- Exotic Animal Products
- Facility/Design Services
- Grooming, Bathing & Clipping
- Immunotherapy
- Insurance Group
- Joint Care
- Laboratory Diagnostic Services
- Laboratory Equipment & Supplies
- Laser Technologies
- Lighting & Illumination
- Medical Supplies/Equipment
- Nutritional Supplements
- Oncology
- Ophthalmology
- Pain Management
- Parasiticides/Tick, Flea, Mosquito Control Prod.
- Patient Monitoring Equipment
- Pet Nutrition/Food
- Pet Products & Supplies
- Pharmaceutical
- Practice Acquisitions
- Practice Financing/Lending
- Practice Management Services
- Protective Wear
- Publications/Publishers
- Radiology Technology
- Record Management/Chart
- Scrubs/Uniforms
- Surgical Equipment/Instruments
- Ultrasound Technology
- Veterinary Management Services
- Virtual Care/Telehealth
- Wellbeing/Wellness
- Other (please specify) _____

5. What is/are your primary reason(s) for attending the AVMA Convention? (Select up to 5)

- Alumni Receptions
- Associated Group Meeting(s)
- Quality of Continuing Education Program
- CE Hours to Renew Veterinary/Technician License
- Proximity of D.C. to Home
- Vacationing in D.C.
- Special Events (ie: Keynote, Concert...)
- Exhibiting/Exhibit Hall
- Speaker/Presenter/Panelist
- House of Delegates/Business Sessions
- SAVMA/SAVMA Chapter Related Meetings
- Networking/Career Opportunities
- Veterinary Technician Program
- Wellbeing Programs
- Other (please specify) _____

AVMA registration

6. Do you have involvement with purchasing veterinary products/services?

Yes No

6a. If yes, what is your role in the purchasing decision?

Influence Recommend
 Final decision maker

6b. If yes, do you intend to purchase a veterinary product/service within the next 12 months?

Yes No

6c. What is your organization's annual purchasing power as it relates to veterinary products and services? (Choose one that best fits)

\$0 - \$50,000
 \$50,001 - \$250,000
 \$250,001 - \$750,000
 \$750,001 - 1,500,000
 \$1,500,001 - \$2,500,000
 \$2,500,001 - \$5,000,000
 \$5,000,001+

7. How long have you worked in the field of veterinary medicine?

Less than 5 years 16-20 years
 5-9 years More than 20 years
 10-15 years

8. Based on your experience, do you feel AVMA dues are...

An excellent value A poor value
 A good value Don't know
 A fair value

9. On a scale from 1 to 10, where 1 is not at all important and 10 is essential, how important is it for a veterinary organization to provide the following services...
(Please circle a number)

a. Publicly promote the value that veterinarians provide to society
1 2 3 4 5 6 7 8 9 10

b. Publicly promote the role of veterinarians in animal welfare
1 2 3 4 5 6 7 8 9 10

c. Protect the reputation of the profession and advocate on behalf of veterinarians
1 2 3 4 5 6 7 8 9 10

10. Are you active duty military?

Yes No

11. Please indicate your gender.

Male Female Gender X Prefer not to answer

12. Please indicate your age range.

Under 30 30-39 40-49 50-59 60-69
 70-79 80-89 90 or Over

13. First time Attendee? Yes No

13a. If yes, would you like to participate in our Convention Mentor Program? You will be matched up with a Convention Mentor to help you Navigate your first Convention!

Yes No

13b. If no, would you like to serve as a Convention Mentor to a First Time Attendee to help them navigate their first Convention?

Yes No

ASSOCIATED GROUP ATTENDANCE. If you are attending an associated group meeting, please list your group affiliation(s):

EMERGENCY CONTACT:

Name: _____

Relationship: _____

Phone Number: _____

SPECIAL ASSISTANCE. Pursuant to the Americans with Disabilities Act, do you require specific aids or services?

ADA Needs: _____

Onsite Phone Number: _____

LIVE ANIMALS. Are you planning on bringing a service animal, or an animal to be used for demonstration in the Exhibit Hall and/or Interactive Lab?

Yes No

Personal pets are not permitted at AVMA-sponsored events.

If yes, please contact convention@avma.org for additional instructions.

Do you want to be included on the pre and post-convention attendee postal mailing list that is provided to exhibitors? Please note, your phone number and email address will not be distributed.

Yes No

7 TOTALS & PAYMENT INFORMATION

| | | |
|-------------------------|-------------------|------------|
| Registration Fees | Total From Step 2 | \$ _____ |
| Guests | Total From Step 3 | \$ _____ |
| Events | Total From Step 4 | \$ _____ |
| Convention Handouts USB | Total From Step 5 | \$ _____ |
| Promo Code(s) _____ | | - \$ _____ |

TOTAL

Check (Check enclosed in US funds drawn on a US bank made payable to AVMA.)

| | |
|---------------------------------|---------------------|
| Mail | Phone |
| AVMA | 1-888-295-4523 |
| Attn: Annual Convention-Finance | (US Residents only) |
| 1931 N. Meacham Rd., Suite 100 | |
| Schaumburg, IL 60173-4360 | 1-972-349-5813 |

CANCELLATION AND REFUNDS: Cancellations must be submitted in writing by **Friday, June 28, 2019** no later than 5:00 pm CST and will incur a \$75 fee. No refunds will be issued if postmarked after **Friday, June 28, 2019**.

Submit cancellations to:
Mail: AVMA c/o MCI USA
6100 W. Plano Parkway, Suite 3500, Plano, TX 75093
Fax: 972-349-7715 Email: avma@mci-events.com

By registering and checking this box, I hereby acknowledge that I have read and agree to the terms outlined at www.avmaconvention.org.