



# PARTICIPANT INFORMATION FORM

## PLEASE READ BEFORE COMPLETING FORM

- ▶ Registration is nontransferable.
- ▶ Only one registration per form (photocopy as needed). Complete both pages of this form.
- ▶ All fields with \* are required.
- ▶ To review WVC's Terms & Conditions, please visit our website at [www.wvc.org](http://www.wvc.org).

## PRIMARY PARTICIPANT INFORMATION Please Print (Minimum age for all registrants: 18)

\*  Dr.  Mr.  Ms.  Mrs.

\*Name \_\_\_\_\_  
Last First MI

Gender  Male  Female \*Birthday \_\_\_\_\_ (mm/yyyy)

## PREFERRED CONTACT INFORMATION

\*Primary Email \_\_\_\_\_

\*Preferred Phone:  Cell  Business Cell \_\_\_\_\_ Business \_\_\_\_\_ Fax \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

\*Please select a preferred address:  Home  Business Business Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt/Ste \_\_\_\_\_

City \_\_\_\_\_ State/Prov \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Do not include me in Exhibitor mailings.

## PROFESSIONAL INFORMATION (A graduate Veterinarian must register as a Veterinarian.)

\*Participant Type:  Veterinarian  Veterinary Technician  Veterinary Assistant  Practice Manager  Administrative Staff  General Attendee

Degree(s) \_\_\_\_\_

School Graduated \_\_\_\_\_ Year Graduated \_\_\_\_\_

\*Classification:  Academia  Avian/Exotics (Exclusive)  Equine (Exclusive)  Food Animal (Exclusive)  General Attendee  Government

Industry  Mixed Practice (Avian & Exotics/Small Animal)  Mixed Practice (>50% Small Animal + Some Large Animal)

Mixed Practice (>50% Large Animal + Some Small Animal)  Small Animal (Exclusive)  Specialty Practice  Not Applicable

Veterinary Specialty \_\_\_\_\_

How did you hear about us?  Direct Mail  Email  Banner Ads  Other Conferences  Journals/Publications  Social Media  Past Attendee

## EMPLOYER INFORMATION Please fill out if you are a Veterinarian

Employer Type:  Academia  Corporate  Private Practice-General  Private Practice-Specialty  Not Applicable

Practice Role:  Owner  Associate  Intern/Resident  Not Applicable

Number of Veterinarians in your practice? \_\_\_\_\_ Number of Technicians in your practice? \_\_\_\_\_

Number of practices in group? \_\_\_\_\_

Gross Annual Revenue in Practice/Group?  <\$1M  \$1M-\$3M  \$3M-\$5M  \$5M-\$10M  \$10M+

Purchase Influence:  Decision Maker  Some Influence  No Influence  Recommendation Only



# REGISTRATION FORM

\*Last Name \_\_\_\_\_ \*First Name \_\_\_\_\_

## COURSE OF INTEREST

Registration Fee \$ \_\_\_\_\_ Course Name \_\_\_\_\_ Course Dates(s) \_\_\_\_\_

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Do you have any special dietary needs?  No  Yes Please be specific \_\_\_\_\_

WVC will do our best to accommodate all request but cannot guarantee all dietary needs will be met.

**Give back to the veterinary profession. Donate to help fund continuing education. WVC is a 501(c)3 non-profit organization incorporated in Nevada.**

**Your donation may be tax deductible pursuant to the provisions of section 170(c) of the Internal Revenue Code of 1986. \$ \_\_\_\_\_**

Total Due ..... \$ \_\_\_\_\_

## PAYMENT INFORMATION

American Express  Discover  MasterCard  Visa  Check # \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ CSV # \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_ Apt/Ste \_\_\_\_\_

City \_\_\_\_\_ State/Prov \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Email To Send Receipt \_\_\_\_\_

## TERMS & CONDITIONS

**Terms of Payment:** WVC Course fees must be paid in full at the time of registration either online, mail, fax (702.739.6420) or email [support@wvc.org](mailto:support@wvc.org). Should you wish to pay by check, please make check payable to WVC and mail check and registration form to P.O. Box 50755, Henderson, NV 89016.

**Cancellation by WVC:** WVC reserves the right to cancel courses at any time.

**For Privacy & Cancellation Policy, see [wvc.org/legal](http://wvc.org/legal)**

I have read and agree to the terms & conditions above (required prior to completing the registration).

I authorize WVC to charge my card for the amount due noted above.

\*Signature \_\_\_\_\_ Date \_\_\_\_\_

For Questions, please contact 866.800.7326 or [support@wvc.org](mailto:support@wvc.org).