

TriCity Academy of Veterinary Medicine

CONFERENCE REGISTRATION FORM

First Name _____ Last Name _____

Company or Organization _____

Address _____

City _____

State _____ Zip _____

Phone _____

Fax _____

E-mail _____

REGISTRATION FEES

Registration fee covers seminar, documentation, coffee breaks, and lunch

- Active Veterinarians \$80.00 pre-registration \$100 day of meeting
- Retired veterinarians and staff \$40.00 pre-registration \$50.00 day of meeting

PAYMENT INFORMATION

- Enclosed is my check
- Please charge my credit card
- VISA MasterCard Discover American Express

Credit Card Number _____

Exp. Date _____ Security Code _____

Signature _____

Mail or fax to;
Airport Pet Emergency Clinic
C/o Mark Riehl DVM
2012 W State St
Bristol, TN 37620

Office (423) 764-2428
Fax (423) 764-9070
Email Meraub@aol.com

