

AAEP 64TH ANNUAL CONVENTION
Advance Registration Form
After Nov. 15, please register online or on-site at the convention.

Full name: _____
FIRST MIDDLE LAST

Credential (DVM,VMD, etc.): _____ Preferred first name on badge: _____

Address: _____ City: _____

State: _____ Postal Code or Zip: _____ Country: _____

Phone: _____ Cell Phone (optional): _____ Fax: _____

Do you want to receive a copy of the *Proceedings* book on-site? Yes No
If you choose to not receive a Proceedings copy, you will still have access to the publication digitally.

Email: _____ Please remove me from all exhibitor mailing lists

If you have dietary requirements: Gluten Free Vegetarian Other, I will make other arrangements

Emergency contact name (required): _____ Phone: _____

Full name of guest (limit 2 per member): _____

First name as you would prefer it on guest badge: _____

Address/City/State/Zip Code (guest): _____

Phone (guest): _____ Email (guest): _____

First-time convention attendee **Graduate of a university outside the U.S./Canada**

	Thru Oct. 31	After Oct. 31	Total
A. <input type="checkbox"/> AAEP Member	\$ 595	\$ 695	_____
B. <input type="checkbox"/> AAEP Honor Roll Member	300	400	_____
C. <input type="checkbox"/> Guest Attending Sessions*	595	695	_____
D. <input type="checkbox"/> Guest Trade Show Pass**	30	50	_____
E. <input type="checkbox"/> AAEP New Member Applicant	750	850	_____
F. <input type="checkbox"/> Non-Member	895	995	_____
G. <input type="checkbox"/> Current Resident or Intern	300	400	_____
H. <input type="checkbox"/> President's Luncheon (<i>per person</i>) Qty _____ Tuesday, Dec. 4	60	60	_____
I. <input type="checkbox"/> Vet Story Night (<i>per person</i>) Qty _____ Sunday, Dec. 2	35	35	_____
J. <input type="checkbox"/> The After Party (Tuesday, Dec. 4; ticket required)			<u>Free</u>
K. <input type="checkbox"/> In-Depth: AAEP Touch Session (Tuesday, Dec. 4; ticket required)			<u>Free</u>
L. <input type="checkbox"/> Dry Labs (Monday, Dec. 3; Register online or by phone)			
		Total:	_____

* Can be purchased only by AAEP members. Limit 2 per member.
** Can be purchased only by registered attendees. Limit 2 per attendee.

Payment Method: Visa MasterCard American Express Discover Card Check enclosed _____

Card #: _____ Expiration: _____ CVV Code: _____

Signature: _____ Date: _____

Return your registration and payment (if applicable) to AAEP in the enclosed envelope; or via fax with credit card information to (859) 233-1968. Last day to register by mail or fax is Thursday, Nov. 15.