

# AAEP 65TH 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 Dec. 6	After Dec. 6	Total
A. <input type="checkbox"/> AAEP Member	\$ 675	\$ 775	_____
B. <input type="checkbox"/> AAEP Honor Roll Member	300	400	_____
C. <input type="checkbox"/> Guest Attending Sessions*	675	775	_____
D. <input type="checkbox"/> Guest Pass**	30	50	_____
E. <input type="checkbox"/> AAEP New Member Applicant	880	980	_____
F. <input type="checkbox"/> Non-Member	995	1,095	_____
G. <input type="checkbox"/> Current Resident or Intern	300	400	_____
H. <input type="checkbox"/> Vet Story Night (per person) Qty _____ Sunday, Dec. 8	35	50	_____
I. <input type="checkbox"/> International Members' Breakfast (Monday, Dec. 9; ticket required)			<u>Free</u>
J. <input type="checkbox"/> International Members' Reception (Monday, Dec. 9; ticket required)			<u>Free</u>
K. <input type="checkbox"/> President's Luncheon (per person) Qty _____ Tuesday, Dec. 10	60	60	_____
L. <input type="checkbox"/> The After Party (Tuesday, Dec. 10; ticket required)			<u>Free</u>
M. Wet & Dry Lab Experiences <b>(Register online or by phone)</b>			
		<b>Total:</b>	_____

\* Can be purchased only by AAEP members. Limit 2 per member.  
 \*\* Can be purchased only by registered attendees. No access to sessions. 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 Friday, Nov. 15.