

# AAEP 70th Annual Convention Advance Registration Form

*After Nov. 11, 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: \_\_\_\_\_

Email: \_\_\_\_\_  Please remove me from all exhibitor mailing lists

Vet License # and State (U.S. registrants only): \_\_\_\_\_

Do you want to receive a copy of the *Proceedings* book on-site?  Yes  No, I will access online.

Pursuant to the Americans with Disabilities Act, I require special accommodations at the event location and/or hotel.

An AAEP staff member will follow up with you.

Emergency contact name (required): \_\_\_\_\_ Phone: \_\_\_\_\_

Full name of guest (limit 2 per member): \_\_\_\_\_

Preferred first name on guest badge: \_\_\_\_\_

Address/City/State/Zip Code (guest): \_\_\_\_\_

Phone (guest): \_\_\_\_\_ Email (guest): \_\_\_\_\_

**First-time convention attendee**

	Thru Sept. 15	Thru Nov. 30	After Nov. 30	Total
A. <input type="checkbox"/> AAEP Member	\$649	\$775	\$875	_____
B. <input type="checkbox"/> AAEP Honor Roll Member	350	350	450	_____
C. <input type="checkbox"/> Guest Attending Sessions*	649	775	875	_____
D. <input type="checkbox"/> Guest Pass**	30	30	50	_____
E. <input type="checkbox"/> AAEP New Member Applicant	950	1,030	1,130	_____
F. <input type="checkbox"/> Non-Member	1,145	1,145	1,245	_____
G. <input type="checkbox"/> Current Resident or Intern	400	400	500	_____
H. <input type="checkbox"/> Vet Story Night (per person) Qty ____ Dec. 8	65	65	65	_____
I. <input type="checkbox"/> Orlando Fun Run & Walk (Dec. 9)	35	35	35	_____
J. <input type="checkbox"/> President's Luncheon (per person) Qty ____ Dec. 10	60	60	60	_____
K. <input type="checkbox"/> After Party (Dec. 10; ticket required)				Free
L. <input type="checkbox"/> Virtual Convention Option				
			<b>(Register online; see page 20)</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.

I have read and agree to the disclosure statement on page 20

Payment Method:  Visa  MasterCard  American Express  Discover Card  Check enclosed \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_ CVW Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return your registration and payment (if applicable) to AAEP, 4033 Iron Works Pkwy, Lexington, KY 40511;  
 or via fax with credit card information to (859) 233-1968. Last day to register by mail or fax is Monday, Nov. 11.