



RESERVE YOUR TABLE NOW!!!

**High School/College Student
Veterinary Career Fair**

MARCH 10TH, 2006

3-6PM

Join the Association of American Veterinary Medical Colleges as it hosts a High School/College Student Career Fair highlighting careers in the field of veterinary medicine. This career fair will be held in conjunction with the AAVMC Annual Meeting, March 10th, 2006 at the Wyndham-Washington, DC Hotel from 3-6pm.

Students from the area's high schools and colleges are invited to attend this event and attend information sessions on veterinary medicine as a unique science career path. This is a great opportunity for AAVMC members to promote summer enrichment programs and other opportunities available to high school and college students contemplating a career in veterinary medicine. Additionally, this is a special chance for undergraduate institutions to promote their pre-veterinary programs.

We hope you will join us in highlighting the diversity of the opportunities available to students interested in a career in veterinary medicine.

Table reservation is only \$100 per table for AAVMC member institutions! Not-for-profit and for profit colleges of veterinary medicine may register at \$1,000 per table.

Register online by February 24, 2006 at <http://www.aavmc.org>
Contact: Lisa Greenhill at 202-371-9195 x47 or lgreenhill@aavmc.org.
AAVMC reserves the right to restrict booth registrations.

**AAVMC Annual Meeting Veterinary Medical Career Fair
Exhibit Booth Reservation Form**

Please Register by February 24, 2005

Organization Name: _____

Department/Institute/Division: _____

Exhibitor Table Space: _____ AAVMC institutional members (\$100)
_____ Pre-vet and vet tech programs (\$150)
_____ Non-AAVMC not-for-profit and for-profit colleges (\$1000)

Number of Tables Reserving: _____

Administrative Contact: _____

Exhibitor packet and all correspondence will be sent to the convention contact person.

Salutation: _____ Mr. _____ Ms. _____ Dr.

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

E-mail: _____

Billing Information:

Check Enclosed Check # _____

Charge Amount \$ _____ to my: _____ Visa _____ Mastercard

Credit Card Number: _____

Expiration Date (MM/YY): _____

Name As It Appears On Card: _____

Please Bill Me _____

**If billing name is different from the administrative contact, please list below.*

Billing Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____