

AAVMC REGISTRATION FORM

Badge Information

Dr. _____ Ms. _____ Mr. _____ (Please select one)

Name: _____ Job Title: _____

Member Institution: _____

Contact Information

Address: _____

City: _____ State/Zip: _____ Phone: _____

Fax: _____ Email: _____

Needs/Food Allergies: _____

Registration:

AAVMC MEMBER FEES

- _____ Education Symposium and Annual Meeting COMBO – March 9-14 (\$555)
- _____ Education Symposium ONLY – March 9-10 (\$180)
- _____ Leadership Workshop Introduction – March 10-11 (includes Annual Meeting March 12-14) – (\$625)
- _____ Annual Meeting ONLY – March 11-14 (\$395)
- _____ Leading Teams Workshop- March 12 (\$320)
- _____ Strategic Thinking: A "Think Shop" Workshop - March 13 (\$320)

One Day Session - Annual Meeting - (\$155)

- _____ March 11
- _____ March 12
- _____ March 13

NON-AAVMC MEMBER FEES

- _____ Education Symposium - March 9-10 (\$270)
- _____ Annual Meeting - March 11-14 (\$595)

CAPITOL HILL VISITS

_____ Yes, I will attend the Capitol Hill Visit on Tuesday, March 14

Payment Information and Cancellation Policy

Make checks payable to AAVMC, or fill in the Visa/MasterCard information below. Payment must accompany form. AAVMC's Federal Tax ID is 36-6144553. **You are eligible for a full refund if you cancel before March 3, 2006.**

Visa/MasterCard Number: _____ Exp. Date: _____

Name of Cardholder: _____

Zip Code of Cardholder: _____ Signature: _____

Mail form to: AAVMC, ATTN: Meetings, 1101 Vermont Avenue, NW, Suite 301, Washington, DC 20005-3536. Fax form to: 202.842.0773, ATTN: Annual Meeting. Questions? Contact Kevin Finkelstein, kfinkelstein@aavmc.org or 202.371.9195, X10.