

# Registration---OVMA/OSU Summer Seminar

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

(please provide)

**Maximum: 18 attendees - Small Animal Reproduction Wet Lab (Friday afternoon)**

**20 attendees - Equine Wet Lab (Friday afternoon)**

**10 attendees - Small Animal Laser Lab (Saturday morning)**

	<u># Attendees</u>	<u>Amount</u>
<b>Two day (16 hours VCE) Seminar Lectures</b>	_____	250.00
<b>Single day Seminar Lecture only</b>	_____	200.00
<input type="checkbox"/> Friday (9 hours CE) <input type="checkbox"/> Saturday (7 hours CE)		
<b>Late Fee - postmarked after <b>May 20</b></b>	_____	50.00
<b>Wet Lab (must have attended morning lecture)</b>		
<input type="checkbox"/> Friday lab - SA Reproduction	_____	30.00
<input type="checkbox"/> Friday lab - Equine Lab	_____	30.00
<input type="checkbox"/> Saturday lab - Laser Lab	_____	15.00
<b>Total</b>		<b>\$ _____</b>

**Lunch on Friday RSVP**

I will be attending:     Food Animal     Small Animal     Equine

Registration: on-line at [www.okvma.org](http://www.okvma.org) or FAX (405) 744-6265 (8:00 am - 5:00 pm only)  
or mail (see below)

Checks (payable to OSU) or credit card    VISA    Master Card (circle one)

Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_  
(please print)

Name on Card (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Mail to: Oklahoma State University  
Center for Veterinary Health Sciences  
Office of Veterinary Continuing Education  
002B Veterinary Medical Teaching Hospital  
Stillwater, OK 74078

Note: if you plan to fax your registration, please make a copy on regular paper before faxing.