

# CVC SAN DIEGO • DECEMBER 7-10, 2017

One registration per form. For additional registrations, please copy form. Please send all five pages.

REGISTRATION TYPE — please check one:

- Veterinarian
- Technician
- Practice Manager
- Student (2017)
- Veterinary Grad (2017)
- Hospital Staff
- Spouse

First Name	Last Name	Degree

Clinic Name

Street Address: PLEASE SELECT ONE >  Work Address  Home Address

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City	State	Zip Code

Country	Email Address (to receive your convention confirmation)

Check here if you do not want to receive convention information via email.

Twitter Username:	@	

Daytime Telephone Number with Area Code	Fax Number with Area Code

How many years have you attended CVC? Number of years, including 2017: \_\_\_\_\_

### A Few Questions:

1 Please list university attended: \_\_\_\_\_ Year graduated: \_\_\_\_\_

2 What is your practice type? (Circle one)

A. Private Practice    B. Specialty Practice    C. Emergency Practice    D. Corporate Practice    E. Shelter/Rescue    F. Teaching Hospital    G. Mobile Practice    H. Not in Practice

3 What is your job function/title? (Check one)

0065  Owner/Partner    0110  Associate Veterinarian    0015  Credentialed Veterinary Technician    0020  Practice Manager/Administrator    0030  Receptionist

0040  Veterinary Assistant    0060  Student    0120  No longer in practice/Retired    0070  Academic/Research/Laboratory

0130  Government: Federal, State, Municipal/Armed Forces Veterinarian    0100  Industry Representative or Consultant    0090  Spouse

4 Choose the specialty that best describes your business or professional activity. (Check one)

0001  Exclusive Small Animal Practice    0012  Exclusive Feline Practice    0002  Over 50% Small Animal Practice    0003  Mixed Practice (50%-50%)

0004  Cattle (Exclusive Large Animal Practice)    0005  Horse (Exclusive Large Animal Practice)    0006  Swine (Exclusive Large Animal Practice)    0007  Large Animal Practice

0008  Over 50% Large Animal Practice    0009  Exotic Animals    0013  Manufacturer of Veterinary Drugs or Equipment/Including Marketing & Sales Personnel

0014  Student    0015  Consulting    0016  Academic/Teaching/Laboratory/Libraries. Research    0011  Not in practice

5 What type of content are you interested in? (Check all that apply)

a  Anesthesia    b  Behavior    c  Bovine Medicine and Surgery    d  Cardiology    e  Clinical Pathology    f  Clinical Pharmacology

g  Dentistry    h  Dermatology    i  Emergency and Critical Care    j  Endocrinology    k  Equine Medicine and Surgery

l  Exotic Animal/Avian Medicine    m  Feline Medicine    n  Gastrointestinal Medicine    o  Geriatrics    p  Imaging

q  Immunology    r  Infectious Diseases    s  Internal Medicine    t  Neurology/Musculoskeletal

u  Nutrition    v  Oncology    w  Ophthalmology    y  Orthopedics/Sports Medicine/Physical Rehabilitation    nn  Orthopedic Surgery

z  Pain Management    aa  Parasitology    bb  Pediatrics    cc  Practice Management    dd  Reproduction

ee  Respiratory Medicine    ff  Shelter Medicine    gg  Small Ruminant Medicine and Surgery    hh  Soft Tissue Surgery

ii  Toxicology    jj  Urology    kk  Wellness/Preventive Medicine    ll  Hospital Design New Build    mm  Hospital Design Remodel

6 How did you hear about this convention?

Program Catalog     Postcard/Brochure     Letter     Print Ad     Email     Web Ad     Referral from Friend/Colleague \_\_\_\_\_

Facebook or Twitter     Phone Call from CVC     Other (please specify): \_\_\_\_\_

### Your Registration Includes Lunch & Proceedings

Lunch Preference:	<input type="checkbox"/> Regular	<input type="checkbox"/> Vegetarian
Proceedings:	<input type="checkbox"/> CD	<input type="checkbox"/> Downloadable (Available one week before the convention)

NOTE: A printed proceedings is available by advance purchase only. To order see p. 53.

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

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

**SUPER SAVINGS!**

## VETERINARIANS

### CVC Programs and Packages for Veterinarians / Please circle day or days you will attend CVC:

					By 8/30/17	By 10/25/17	After 10/25/17	
v01	<input type="checkbox"/> Veterinarian (four-day)				\$549	\$579	\$679	
v02	<input type="checkbox"/> Veterinarian (two-day)	Thursday	Friday	Saturday	Sunday	\$469	\$489	\$589
v08	<input type="checkbox"/> Veterinarian (one-day)	Thursday	Friday	Saturday	Sunday	\$349	\$379	\$479
vsg	<input type="checkbox"/> Veterinary Graduate (in 2017) — Proof is required.					\$259	\$279	\$379
vs	<input type="checkbox"/> Veterinary Student (within calendar year) — Proof is required.					\$55	\$60	\$70

### Specialty Focus™ : Abdominal Ultrasonography / Please circle day or days you will attend CVC:

sf102	<input type="checkbox"/> Lab + CVC Veterinarian (two-day)					\$1,879	\$1,949	\$2,049
sf103	<input type="checkbox"/> Lab + CVC Veterinarian (one-day)		Thursday	Friday		\$1,769	\$1,849	\$1,949
sf120	<input type="checkbox"/> Lab only					\$1,679	\$1,749	\$1,849

## TECHNICIANS

### CVC Programs for Technicians / Please circle day or days you will attend CVC:

t20	<input type="checkbox"/> Veterinary Technician (four-day)					\$329	\$359	\$459
t01	<input type="checkbox"/> Veterinary Technician (three-day)	Thursday	Friday	Saturday	Sunday	\$299	\$329	\$429
t02	<input type="checkbox"/> Veterinary Technician (two-day)	Thursday	Friday	Saturday	Sunday	\$269	\$299	\$399
t05	<input type="checkbox"/> Veterinary Technician (one-day)	Thursday	Friday	Saturday	Sunday	\$219	\$249	\$349
ts1	<input type="checkbox"/> Veterinary Technician Student (within calendar year) — Proof is required.					\$55	\$60	\$70

## PRACTICE MANAGERS

### CVC Programs for Practice Managers

p01	<input type="checkbox"/> Practice Manager Registration only (non-veterinarian)					\$329	\$359	\$459
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## SPOUSES

### CVC Programs for Spouses

s01	<input type="checkbox"/> Spouse Attending Seminars (non-veterinarian)					\$329	\$359	\$459
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To learn more visit [TheCVC.com](http://TheCVC.com)

**TOTAL FROM THIS PAGE**

\$

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

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

		<b>CLINICAL TECHNIQUES COURSES</b>		<b>SUPER SAVINGS!</b>	
				By 8/30/17	After 10/25/17
<b>THURSDAY</b>	L1	<input type="checkbox"/> Special Procedures in Feline Soft Tissue Surgery		\$495	\$520
<b>FRIDAY</b>	L2	<input type="checkbox"/> Dental Extractions in Cats		\$495	\$520
	L3	<input type="checkbox"/> Vital Soft Tissue Surgeries: All about Dogs		\$675	\$700
	L4	<input type="checkbox"/> Dental Extractions in Dogs		\$495	\$520
	L5	<input type="checkbox"/> Basic Fracture Repair Techniques		\$495	\$520
<b>SATURDAY</b>	L6	<input type="checkbox"/> Extracapsular Stifle Stabilization Techniques		\$495	\$520
	L7	<input type="checkbox"/> Essential Gastrointestinal Surgeries in Dogs		\$675	\$700
	L8	<input type="checkbox"/> Optimal Ophthalmic Surgeries in Primary Care Practice		\$425	\$450
	L9	<input type="checkbox"/> Digital Dental Radiography		\$375	\$400
	L10	<input type="checkbox"/> Stabilization Techniques for Luxating Patellas		\$495	\$520
	L11	<input type="checkbox"/> Advanced Periodontal Therapy Techniques		\$185	\$210
<b>SUNDAY</b>	L12	<input type="checkbox"/> Fundamental Orthopedic Procedures		\$495	\$520
	L13	<input type="checkbox"/> Insights Seminar: Fear Free <sup>SM</sup> Tactics to Lessen the Stress		\$235	\$260

**TOTAL FROM THIS PAGE** \$ \_\_\_\_\_

**FREE COMPELLING EDUCATION – RSVP REQUESTED**

<b>FRIDAY</b>	
S1	<input type="checkbox"/> <b>Sponsored Symposium</b> — Laser Therapy Symposium sponsored by Companion Animal Health
S2	<input type="checkbox"/> <b>Sponsored Symposium</b> — Management Basics: The Keys to the Future sponsored by Veterinary Practice Solutions
<b>SATURDAY</b>	
S3	<input type="checkbox"/> <b>Lunch &amp; Learn</b> — Part I: Successful Laser Implementation sponsored by K-Laser
S4	<input type="checkbox"/> <b>Lunch &amp; Learn</b> — Your Legal Tool Box to Manage Lawsuits and Taxes sponsored by Legally Mine
S5	<input type="checkbox"/> <b>Sponsored Symposium</b> — Part II: Laser Therapy Simplified sponsored by K-Laser
S6	<input type="checkbox"/> <b>Sponsored Symposium</b> — Senior Care sponsored by PRN
<b>SUNDAY</b>	
S7	<input type="checkbox"/> <b>Sponsored Symposium</b> — Senior Care sponsored by PRN

**LAUNCH PAD LEARNING – RSVP REQUESTED**

<b>SATURDAY</b>	
LP	<input type="checkbox"/> <b>(FREE) Dr. K. Pope-Robinson</b> — The violinist and the veterinarian: How to acknowledge beauty and value in your work — when others may not

**VETERINARY LEADERSHIP – RSVP REQUESTED**

<b>SATURDAY</b>	
LP	<input type="checkbox"/> <b>(FREE) Dr. B. Charles</b> — Emotional Intelligence 101: The three hours no one got — and everyone needed — in vet school

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

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

## EVENING SESSIONS

Please RSVP for Evening Sessions you plan to attend. This will help CVC determine the popularity of each subject and assign the appropriate room size for the session.

THURSDAY	FRIDAY	SATURDAY
<input type="checkbox"/> e01 — FREE Dr R. Gerhold — Crawling critters: An update on tick-borne diseases, fleas, and mites.	<input type="checkbox"/> e03 — FREE Dr. D. Nicol and Dr. A. Roark — Management Happy Hour	<input type="checkbox"/> e05 — FREE Dr. H. Dogan — Why the Veterinary Confessionals Project could help heal the profession — and you
<input type="checkbox"/> e02 — FREE Brian Conrad, CVPM — Ask the pet owner: A LIVE panel and learning session.	<input type="checkbox"/> e04 — FREE Dr. D. Bruyette — Internal medicine case investigations	<input type="checkbox"/> e06 — FREE Dr. F. Winger — Neurolocalization basics and “The Gait Game”

## CHRISTIAN VETERINARY MISSION – RSVP REQUESTED

**SATURDAY**

cb  Evening Seminar (FREE)

RSVP number of people attending \_\_\_\_\_

## VETERINARY CHRISTIAN FOUNDATION – RSVP REQUESTED

**SUNDAY**

cs  Morning Fellowship (FREE)

RSVP number of people attending \_\_\_\_\_

## ASK THE EXPERT LUNCHEONS

FRIDAY	SATURDAY	SUNDAY
<input type="checkbox"/> a01 — \$50 Dr. D. Linder — Nutrition	<input type="checkbox"/> a03 — \$50 B. Schroeder — Practice Management	<input type="checkbox"/> a05 — \$50 Dr. P. Bloom — Dermatology
<input type="checkbox"/> a02 — \$50 Dr. J. Ciribassi — Behavior	<input type="checkbox"/> a04 — \$50 Dr. G. Pachtinger — Critical Care	<input type="checkbox"/> a06 — \$50 Dr. T. Wismer — Toxicology

**TOTAL FROM LUNCHEONS** \$ \_\_\_\_\_

## CHILDCARE

<b>THURSDAY</b> <input type="checkbox"/> cth Number of children _____ \$ _____	<b>FRIDAY</b> <input type="checkbox"/> cfr Number of children _____ \$ _____	<b>SATURDAY</b> <input type="checkbox"/> csa Number of children _____ \$ _____	<b>SUNDAY</b> <input type="checkbox"/> csu Number of children _____ \$ _____
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**\$60 per child, per day by August 30 • \$75 per child, per day by October 25 • \$100 per child, per day after October 25**

Child 1 Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child 2 Name: \_\_\_\_\_ Age: \_\_\_\_\_

**TOTAL FROM CHILDCARE** \$ \_\_\_\_\_

**TOTAL FROM THIS PAGE** \$ \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**CVC PRODUCTS**

Your CVC registration **includes** either a CD or downloadable proceedings. To select, please see p. 49. To order **ADDITIONAL** CDs or downloadable proceedings, please indicate your selections below. If you would like to buy a **PRINTED** proceedings, please indicate below. A printed proceedings book is **not** included in your registration and is available by **advance purchase only**.

<input type="checkbox"/> Additional Proceedings CD (please indicate quantity)	_____ x \$60 (after 10/25/17 \$75)	=	\$
<input type="checkbox"/> Additional downloadable proceedings (please indicate quantity)	_____ x \$60 (after 10/25/17 \$75)	=	\$
<input type="checkbox"/> Proceedings Book (available by <b>advance purchase only</b> )	_____ x \$60 (Not available onsite. After 10/25/17 \$75)	=	\$
<input type="checkbox"/> Audio Recordings — Pre-order your full set of CVC San Diego MP3s (Audio recordings by subject will be available to order onsite.)	_____ x \$469	=	\$

**TOTAL FOR CVC PRODUCTS**    \$

**GUEST BADGES**

Guests are defined as people not working in the veterinary industry. All veterinarians, technicians, practice managers, and team members must register and pay registration fees. (A \$5 processing fee will be charged onsite for guest badges.)

<b>First Name</b>	<b>Last Name</b>

<b>First Name</b>	<b>Last Name</b>

**SPECIAL NEEDS**

**Please check here if you have special needs.**

If you have a disability that may affect your participation in this meeting, please check this box and include a statement regarding your needs (see right). We will contact you (if applicable) to discuss accommodations.

We cannot ensure the availability of appropriate arrangements without early notification, but every effort will be made to meet your needs.

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**PAYMENT INFORMATION**

Check Enclosed (please make check payable to Advanstar Communications, Inc.)

Credit Card: *Please fill in credit information below.*

American Express     Discover

MasterCard               Visa



**Card Number**

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**Expires**

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**Security Code**

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**Cardholder Name:** \_\_\_\_\_

Credit card expiration must be valid through December 2017. Your credit card statement will reflect a charge from Advanstar Communications Inc. Refunds for cancellation must be requested in writing by mail, fax, or email and received by November 1, 2017. A \$50 processing fee applies.

<b>TOTAL FROM P. 50</b>	<b>\$</b>
<b>TOTAL FROM P. 51</b>	<b>\$</b>
<b>TOTAL FROM P. 52</b>	<b>\$</b>
<b>TOTAL FROM P. 53</b>	<b>\$</b>
<b>GRAND TOTAL:</b>	<b>\$</b>