



REGISTRATION FORM: PRINCIPLES OF VETERINARY PRACTICE MANAGEMENT



BY EMAIL OR MAIL

VMC, Inc.
4525 Lili Drive
Lawrence, CO 66049
vmc@vmc-inc.com



BY PHONE

303-674-8169
8am - 5pm MST



BY FAX

303-670-3899
24 Hours/Day

- | | |
|--|--|
| <input type="checkbox"/> 5/1/18 Phoenix, AZ | <input type="checkbox"/> 8/9/18 Tampa, FL |
| <input type="checkbox"/> 5/3/18 Portland, OR | <input type="checkbox"/> 9/25/18 Detroit, MI |
| <input type="checkbox"/> 8/7/18 Washington, DC | <input type="checkbox"/> 9/27/18 St. Louis, MO |

HOW DID YOU HEAR ABOUT THIS SEMINAR:

Practice Name _____

Contact Person _____ Title _____

Address _____

City _____ State/Province _____ Zip _____

Practice Telephone _____ Fax _____

Practice Email Address _____

1 - 4 attendees: # ___ of people attending x \$225 = \$ _____

5th attendee FREE # 1 person attending x \$0 = \$ _____

6 + attendees: # ___ of people attending x \$180 = \$ _____

Enclosed Check Number: _____

VISA MasterCard American Express

Card Number _____ Security Code _____

Exp. Date _____ Signature _____

Name on Card *(please print clearly)* _____

Tuition Fee

The tuition fee is \$225 per person and \$180 per person for groups of 5 or more. This group rate cannot be combined with other discounts. Registration is limited and advance registration is required. The fee includes all workbook materials, seminar instruction, continental breakfast and refreshment breaks. Please note that the tuition fee does not include lunch or parking expenses.

Registration Confirmation

Within 10 business days of registration, all registrants will receive a confirmation and receipt with specific event details.

Hotel Information

Please contact the hotel directly for specific location information and/or directions. Hotel contact information will be provided on your confirmation receipt.

1. Attendee Title, First & Last Name _____

Position _____ Email Address _____

2. Attendee Title, First & Last Name _____

Position _____ Email Address _____

3. Attendee Title, First & Last Name _____

Position _____ Email Address _____

4. Attendee Title, First & Last Name _____

Position _____ Email Address _____

5. Attendee Title, First & Last Name _____

Position _____ Email Address _____

Cancellation Policy

You may cancel your registration up to 10 business days before the seminar. Your tuition fee will be refunded less a \$25.00 service charge. If you need to cancel fewer than 10 business days prior to the seminar, you may 1) send a substitute from your practice, or 2) transfer your registration to another seminar of your choice within 24 months. If you fail to attend without prior advance notice, your tuition fee will be forfeit.

Create a Team Approach

In order to achieve maximum benefit from this seminar, it is suggested that all doctors, practice managers, technicians and assistants attend the meeting. Those attending will return from this seminar with a unified goal, motivated to enhance your practice's teamwork and productivity.

Continuing Education Credits

This course meets the requirements for 5.5 hours of continuing education credit for Veterinarians and Veterinary Technicians in jurisdictions which recognize AAVSB's RACE approval. Participants should be aware that some boards have limitations on the number of hours accepted in certain categories and/or restraints on certain methods of delivery of continuing education. (AAVSB RACE Provider No. 177)

Daily Schedule

Seminars are held from 9am to 4pm. Registration & continental breakfast begins at 8am. Due to the volume of material to be covered, the seminar will start promptly at 9am.

If you would like to register more than five people, please use additional registration forms. Thank you!