



## 2011 Regional CE Meeting Registration

Name \_\_\_\_\_ Clinic Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

I will attend the following CE meeting: Cost

Saturday May 28, 2011 at Columbus, IN (Cost \$35.00) \$35.00

**TOTAL COST** \_\_\_\_\_

Please check the description that best describes you:

- Veterinary Technician     Veterinary Assistant     Veterinarian  
 Receptionist     Kennel Assistant     Other \_\_\_\_\_

Lunches will be provided at the meeting. Please list if you have any special dietary requirements: \_\_\_\_\_.

Please contact me at \_\_\_\_\_ regarding special physical accommodation needs.

The meeting is worth up to 6 Continuing Education hours. You will be provided with a letter certifying attendance when you sign-in the day of the meeting.

**Advanced Registration is recommended and must be postmarked by May 18, 2011 to ensure availability of the lunch.** Checks should be made payable to IVTA.

Return registration form and payment (check or money order) to:

IVTA  
2349 Meadow Spring Circle  
Columbus, OH 43235  
614-389-2050 or  
614-264-0023  
indianavta@yahoo.com



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