

Conference Registration Form

For Office Use Only

Date Rec'd _____ Reg # _____
Amt Pd \$ _____ Ck _____ CC _____
Payment Processed Date _____
Transaction # _____

AAV Annual Conference & Expo with AEMV

July 31 — August 5, 2010

- Use a separate form for each registrant. For extras, make photocopies.
- Keep a copy of this completed form for your records.
- Please type or print clearly to avoid name badge errors.
- Be sure to complete both sides of registration form.

Return completed registration form with appropriate payment to:

AAV Conference Office, 90 Madison Street, Suite 403, Denver, CO 80206 USA
Phone: 303-756-8380 | Fax: 303-759-8861
or register online at: www.conferenceoffice.com/aav

Section A

First name for badge _____

First name _____ Last name _____

Degrees: VMD DVM PhD Dipl ABVP-Avian RVT CVT AHT Other _____

Organization (up to 35 characters) _____

Address (also used for mailing labels in exhibit hall) _____

City _____ State/Province _____ Zip/Postal code _____ Country _____

Daytime phone (_____) _____ Fax (_____) _____ E-mail _____

Section B Completing this section in full is required to calculate registration data. See Eligibility Requirements on page _____.

Check one AAV Member AEMV Member Both OR Non-Member

- Check one** Veterinarian
 Veterinarian (full-time graduate student, intern, or resident)
Attach advisor's statement confirming full-time work as a graduate student, intern, or resident
 Veterinarian (2010 graduate)
Attach a photocopy of a current student ID or diploma
 Student *Attach a photocopy of a current student ID*
 Technician (Must be member or pay the non-member rate)
 Other _____

This is my first AAV Annual Conference & Expo. Yes No
Number of years you have attended (including the 2010 conference) _____
Special diet request: _____
Do you require any specific aids or services related to disabilities during the conference? Yes No Describe needs: _____

Please choose one:

- I am attending this conference because AAV sessions are offered; otherwise, I would not be attending.
 I am attending this conference because AEMV sessions are offered; otherwise, I would not be attending.
 I am attending this conference because AAV and AEMV sessions are offered; otherwise, I would not be attending.

Section C Guest Program Registration

\$130 per adult; \$125 per child ages 3-12 (children under 3 need not register)

To attend educational sessions, you must register on a separate form and pay program registration fees. Guest program registrants who are minors (under 18) must be accompanied by a paid adult guest registrant. Registration includes Guest Breakfast, Ice Cream Social, San Diego Tour, President's Reception, Wednesday lunch, and admittance to Exhibit Hall.

1. Full Name _____ adult child vegetarian meals
2. Full Name _____ adult child vegetarian meals
3. Full Name _____ adult child vegetarian meals
4. Full Name _____ adult child vegetarian meals

Total Guest Program Fee \$ _____

Section D Optional Activities

San Diego Zoo Day Trip, Saturday, July 31, 9:00 am-2:00 pm

Number Adult Zoo tickets _____ @ \$45 = \$ _____ Number Child (ages 3-12) Zoo tickets _____ @ \$35 = _____ (under 3 free) = \$ _____

Conservation Evening: Saturday, July 31, 7:00-10:00 pm

Number Conservation tickets (Adult/Child same price) _____ @ \$25 = \$ _____

Conference Kick-off Event at Sea World, Sunday, August 1, 6:00-11:00 p.m.

Number Sea World tickets (Adult/Child same price; children under 3 free) includes dinner, fireworks/Shamu show
_____ @ \$80 = \$ _____

Total Activities Fee \$ _____

Section E Check (✓) all those you plan to attend—even for one presentation, to assist us in determining room size.

Sunday Program

AAV AEMV Both

Monday

- Diagnostics & Therapeutics
 Disease Syndromes
 Technician Program
 Evening Research Forum

Tuesday

- Round Table Discussions
 Modern Dinosaurs Master Class
 The Terminal Patient
 Evening Pathology Forum

Wednesday

Master Classes
(list specific session #'s)

Thursday

- 8:00-10:00 am Research or Case Studies
10:30 am-12:00 pm Research or Case Studies
1:45-3:30 pm Research or Wildlife

I plan to attend the Ice Cream Social yes
I plan to attend the President's Reception yes

Section F Multiple Technician Discount

Applies only to groups of two or more technicians from the same clinic registering for the Full Main Conference, Monday, Wednesday, and Thursday. Credit applies to each technician.

Number technicians from same clinic _____ Clinic name _____

Enter Technician Credit of \$50, if applicable \$ _____

Section G AAV Membership

**Join AAV now for year 2010 and receive the member conference rate (difference pays for 2010 dues)

Check the box and you will be signed up for a 2010 AAV membership or renewal. Veterinarian \$140 Technician \$85

USA rates listed above - all others please visit the website www.aav.org for new application/renewal form

Join AAV Fee

\$ _____

Section H Aviculture Program concurrent with Avian Welfare Symposium

Saturday, July 31

Pay one price to attend sessions in either program all day!

Early **By 6/18** \$75
 Regular **6/19-7/9** \$80
 On-site **After 7/9** \$85

Total Saturday Program Fee

\$ _____

Section I AAV Pre-Conference Program: Behavior and AEMV Scientific Program

Sunday, August 1

Veterinarian (AAV or AEMV Member)
 Technician, Student, Grad Student, Intern, 2010 Grad, Resident (member)

*Add \$40 to fee for non-member (excludes students)

(Fee includes Pre-Conference Program Proceedings in book format.)

Early **By 6/18** \$175
 Regular **6/19-7/9** \$190
 On-site **After 7/9** \$215
 \$95 \$115 \$140

Total Sunday Program Fee

\$ _____

Section J Main Conference, Monday, Wednesday, Thursday

Full Main conference- August 2-5

Full Main Conference

Veterinarian: AAV Member or AEMV Member
Technician, Intern, Grad Student, 2010 Grad, Resident
Student
Other

Non-member** (includes non-member technician; excludes students)

Early **By 6/18** \$460
 Regular **6/19-7/9** \$495
 On-site **After 7/9** \$565
 \$200 \$215 \$245
 \$110 \$120 \$140
 \$595 \$640 \$700
 \$595 \$640 \$700

Full Main Conference Fee includes all sessions on Mon, Wed, Thur, and Tuesday Round table topics/special sessions; 2 lunches, President's Reception, coffee breaks, ice cream social, entrance into exhibit hall, main proceedings, and \$50 lab discount. This fee does not include Saturday or Sunday Programs.

Single Day: Monday Wednesday Thursday

Veterinarian
 Technician, Intern, Grad Student, 2010 Grad, Resident
 Student
 Non-member** (includes non-member technician)
 Other
 Presenter/Instructor

Early **By 6/18** \$205
 Regular **6/19-7/9** \$250
 On-site **After 7/9** \$295
 \$110 \$130 \$155
 \$70 \$80 \$90
 \$250 \$290 \$340
 \$250 \$290 \$340
 \$153 \$165 \$188

Total Main Conference Fee

\$ _____

Single day fee includes Main Conference Proceedings and all programs offered on that day. President's Reception is not included in Wednesday's Single Day registration fee.

Section K - AAV Labs

Tuesday, August 3	Lab Schedule				Fees		
	8:00	10:30	2:00	4:30	Early By 6/18	Regular 6/19-7/9	Onsite After 7/9
Be sure your selections are possible based on the varying lab schedule. Class time assignments will be made on a first-come, first-paid basis. In the event your lab choice is full, please list alternate selections here: _____ (list 3)							
<input type="checkbox"/> 400 Avian Ultrasound Lab-ALL TIME SLOTS FULL	SOLD				\$135	\$145	\$155
<input type="checkbox"/> 405* Anesthesia, Diagnostic, and Treatment Techniques	4hr		4hr		\$350	\$360	\$370
<input type="checkbox"/> 410 Avian Ophthalmology - Principles and Application	4hr		n/a		\$250	\$260	\$270
<input type="checkbox"/> 415 Basic Endoscopy-FULL	SOLD						
<input type="checkbox"/> 420 Basic Magnification Surgery	4hr				\$250	\$260	\$270
<input type="checkbox"/> 425 Advanced Avian Soft Tissue Surgery FULL			SOLD		\$350	\$360	\$370
<input type="checkbox"/> 430 Advanced Avian Endosurgery	8hr lab, offered 12-8 pm only				\$475	\$485	\$495
<input type="checkbox"/> 435* Clinical Avian Hematology Lab	2hr	2hr			\$125	\$135	\$145
<input type="checkbox"/> 440* Necropsy Technique and Gross Lesion Identification in Birds	4hr		4hr		\$175	\$185	\$195
<input type="checkbox"/> 445 Orthopedic Management of the Avian Wing: Antebrachium & Manus	4hr		4hr		\$300	\$310	\$320
<input type="checkbox"/> 450* Practical Application of Animal Training	2hr	2hr			\$125	\$135	\$145
<input type="checkbox"/> 455 Rabbit Dental Lab - FULL	SOLD						
<input type="checkbox"/> 460* Raptor Medicine and Management Laboratory			4hr		\$200	\$210	\$220
<input type="checkbox"/> 465* Understanding & Developing Avian Enrichment & Foraging Protocols			4hr		\$200	\$210	\$220
* Lab Open to Qualified Technicians					Total AAV Lab Fee		
Veterinarians registering for the Full AAV Main Conference receive \$50 off one AAV lab.					\$ _____		

Section L Payment

Partial cancellations and/or changes to your registration are subject to a \$10 processing fee. A \$50 processing fee will be charged for all full cancellations, regardless of reason for cancellation.

Total Registration Fee Due

\$ _____

Section M Method of Payment

Check MasterCard Visa Print Name on Card/Check _____

Check/Credit Card # _____ Expiration Date _____

If I miscalculated fees or alternate labs I've indicated are assigned making the total amount due greater than listed above, I hereby authorize AAV to charge my credit card accordingly.

By submitting your registration, you acknowledge that you have reviewed and agree to all registration policies outlined on pag 16.

Signature _____