



2024 Winter Continuing Education Conference

Saturday and Sunday, February 3 and 4
 The DoubleTree by Hilton
 870 Williston Road
 South Burlington, VT

Name _____

(One form per person, please make copies)

Name of Practice _____

Address _____

City/State/Zip _____

Email for confirmation and for sending speaker notes _____

Please note any dietary restrictions and we will do our best to accommodate them at lunch: _____

Check program attending:

- ☐ Saturday: Small Animal - Orthopedics
- ☐ Saturday: Large Animal- Bovine – Animal Welfare
- ☐ Saturday: Large Animal: Equine – Hoof Health
- ☐ Sunday: Practice Management - Communications

Free early morning CE (select one):

- ☐ Saturday: Update on CBDs (1 hour CE credit)
- ☐ Sunday: Complying with DEA regulations (1 hour Practice Management credit)
- ☐ None

Registration Fees – If mailing your registration, please ensure that your registration is postmarked sufficiently early to arrive at our office by January 31. Alternately, you can email this form to linda@vtvets.org.
*(Includes food and beverages). Speaker notes will be emailed to registrants the week prior to the CE. **Printed copies can be purchased below.***

One Day – Either Saturday or Sunday	Register by 1/20/24	Register 1/21-2/1/24
Members	\$250	\$275
Lifetime Members; Recent Grads	\$200	\$225
Non-member Veterinarians	\$350	\$385
Non-Veterinarians	\$200	\$225
Retired (Use Discount Code)	\$200	\$225
Printed Speaker Notes	\$15	\$15

Both Saturday and Sunday	Register by 1/20/24	Register 1/21-2/1/24
Members	\$450	\$495
Lifetime Members; Recent Grads	\$360	\$405
Non-member Veterinarians	\$610	\$693
Non-Veterinarians	\$360	\$405
Retired (Use Discount Code)	\$360	\$405
Printed Speaker Notes	\$30	\$30

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Payment: \$_____ total – check or credit card. If paying by check, please mail to VVMA, 76 Beech Street, Essex Jct, VT 05452. Credit card info can be included below or you can call this information into the VVMA office – 802-881-8528.

Credit Card#:_____security code:_____Exp. Date: _____

Credit Card type: _____

Name on Card (please print):_____

Cardholder Billing Address (please include zip code): _____
