

## OAVT Discovery 2019

October 13, 2019

## **Registration Form**

Name:				
Address:				
City:	State:		Zip:	_County:
	e: ( )			
E-mail Addr	ress:			
(Ple	ease provide E-mail address for confir	mation of r	egistration. Ple	ease write legibly)
Registration	n:			
OAVT Cur	rent Member			\$105.00
Non-OAV	Γ Member (i.e. RVT, DVM, Hospital	Staff, Gues	t)	\$150.00
	ident (Technician/Veterinarian) includ			ege\$ 50.00
V	Γ Program / College			
Wet Lab (li	imited to 25 per session) A.M	or	P.M	\$ 40.00
	After September 15, 2019 (non-refu			
	mbership Dues: (October 2019- October ship (new) *Join today and save			ember* \$30.00
		0		
FOTAL:				\$
<u> </u>	Make checks payable to: Ohio As 107 Browning Rd.,		•	
	Credit Cards: (Please circle one)	VISA	MasterCard	Discover
Credit Card Number:		Secui	rity Code:	Expiration Date
ame on card:		Address _		•
nail address (required for receipt)		Signature		
`	You may also register on	line at v		
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	15/0 up to 10.31.2019; NO	KEI OND I	AF I LIK 10.31.2	2019

\*\*JOIN OR RENEW TODAY AND PAY THE CURRENT MEMBER REGISTRATION PRICE\*\*

**Program Topics:** In an attempt to properly schedule room assignments, please circle the lectures you wish to attend. Dr. Michael Rossi-Session 1 Amy Jo Williams, RVT-Session 1 Dr. SunitaSeshia-Session 1

Dr. Michael Rossi-Session 2
Dr. Michael Rossi-Session 3
Dr. Michael Rossi-Session 3
Dr. Michael Rossi-Session 4
Dr. Michael Rossi-Session 4
Dr. Michael Rossi-Session 4
Dr. Michael Rossi-Session 5
Dr. Michael Rossi-Session 5
Dr. Tim Reichard-Session 1
Dr. SunitaSeshia-Session 2
Dr. SunitaSeshia-Session 3
Dr. Kim Hindman-Hill's
Kingsly Berlin, RVT-Expectations
Dr. Tim Reichard-Session 2

Dr. Tim Reichard-Session 3

Pam Bellamy, RVT-Session 1 Pam Bellamy, RVT-Session 2