

2015 Fall NYS Veterinary Conference Registration Form

Register online at www.vet.cornell.edu/nysvc

1. REGISTRANT

Registrant's Name _____

Title(s) (eg. DVM, VMD, VT, LVT) _____

Email _____
(required for confirmation)

College _____ Year of Graduation _____

NYSVMS Regional _____

Practice Type:

- Academic Bovine Companion Animal Corporate
 Equine Exotics Feline Only Laboratory Animal
 Large Animal Mixed Practice Regulatory Research
 Student Other _____

Practice Name _____

Work Address _____

City _____

State _____ Zip _____

Telephone _____ Fax _____

Spouse/Guest Name for Badge _____

Please advise us of any special needs you may have. We will contact you to discuss accommodations. We cannot ensure the availability of appropriate arrangements without early notification but every effort will be made to meet your needs.

Would you like to receive more information about the Omega Tau Sigma reception on Friday evening? Yes No

How did you hear about this event?

- Internet Email invitation
 NYSVMS News Cornell Website Direct mail
 Magazine Advertisement Word of mouth
 Other _____

Is this the first time you have attended this event? Yes No

2. FULL CONFERENCE REGISTRATION

Includes name badge, lectures, online proceedings, exhibits, continental breakfasts, lunches, refreshment breaks and Welcome Reception.

	Postmarked by 8/21/15	Postmarked by 9/11/15	Postmarked after 10/5/15*
<input type="checkbox"/> Cornell DVM Graduates/ NYSVMS Active/ Associate Member	\$395	\$445	\$555
<input type="checkbox"/> NYSVMS Life/Retired/Distinguished Member	\$175	\$225	\$280

<input type="checkbox"/> Non-CU Grad/ Non-NYSVMS Member Veterinarian	\$495	\$545	\$680
<input type="checkbox"/> 2015, 2014, 2013 Veterinary Graduate	\$175	\$225	\$280
<input type="checkbox"/> Veterinary Technicians**	\$175	\$225	\$280

*Pre-registration deadline is October 5, 2015, 11:59 pm. On-site registration will include a \$50 surcharge in addition to the postmarked 10/5/15 fee stated above.
Note: Pre-register 3 or more LVTs from the same practice with the same payment and receive \$25 off each technician registration.

**TOTAL FULL
CONFERENCE REGISTRATION:**

\$ _____

3. ONE-DAY ONLY REGISTRATION

One-day registration includes name badge, lectures, exhibits, continental breakfast, refreshment breaks, lunch and online proceedings. (Friday includes Welcome Reception)

	Postmarked by 8/21/15	Postmarked by 9/11/15	Postmarked after 10/5/15
<input type="checkbox"/> Saturday, October 17 (includes lunch)	\$250	\$300	\$375
<input type="checkbox"/> Sunday, October 18 (includes lunch)	\$250	\$300	\$375

**TOTAL SINGLE-DAY
CONFERENCE REGISTRATION:**

\$ _____

4. STUDENT REGISTRATION

- Cornell Veterinary College Student *Complimentary*
Includes lectures, when space permits, and online Proceedings. Please call the office of Continuing Education to register at (607) 253-3200.

5. SPOUSE/GUEST REGISTRATION

Includes name badge, exhibits, refreshment breaks, exhibits and breakfasts. See #10 to purchase lunch. Veterinarians and veterinary technicians cannot register as a spouse or guest.

Spouse/Guest Registration # _____ x \$45 = \$ _____

6. LAB SESSIONS/SPECIAL PROGRAMS

Space is limited and pre-registration is required for all laboratories and some small workshops. Registrants will receive an attendance ticket in their conference materials at the event.

Friday, October 16

- 8:30 – 5:30 p.m. Clinical Investigators Day (Free 6 Hours of CE Credit) *Limited to 30*
 8:30 – 5:30 p.m. New York Veterinary Educator's Meeting
 12:30 – 1:30 p.m. Equine Luncheon

Equine:

- 1:30 – 2:20 p.m. LAB A: Equine Dental Extraction That Can Be Done In The Field
 2:30 – 3:20 p.m. LAB B: Equine Cardiology
 3:40 – 4:30 p.m. LAB A: Equine Dental Extraction That Can Be Done In The Field (repeat)

2015 Fall NYS Veterinary Conference Registration Form

Register online at www.vet.cornell.edu/nysvc

4:40 – 5:30 p.m. LAB B: Equine Cardiology (repeat)

Personal Development:

3:40 – 5:30 p.m. Creativity Workshop

Saturday, October 17

Companion Animal Laboratory:

Limited to 8 (6 hour lab session)

8:30 a.m. – 5:30 p.m. Dental Radiographs in the Dog

Whitefield Small Animal Surgery:

Limited to 12

10:40 – 12:30 p.m. Clinical Skills Lab – Skin Flaps and Tension Management 101

1:30 – 3:20 p.m. Clinical Skills Lab – Skin Flaps and Tension Management 101 (repeat)

Equine:

1:30 – 2:20 p.m. LAB A: Lameness Evaluation with Body-Mounted Inertial Sensors

2:30 – 3:20 p.m. LAB B: Equine Practitioners Reproduction

3:40 – 4:30 p.m. LAB A: Lameness Evaluation with Body-Mounted Inertial Sensors (repeat)

4:40 – 5:30 p.m. LAB B: Equine Practitioners Reproduction (repeat)

Sunday, October 18

Companion Animal Laboratory:

Limited to 8

10:40 – 12:30 p.m. LAB: Common Ophthalmic Surgeries

1:30 – 3:20 p.m. LAB: Common Ophthalmic Surgeries (repeat)

7. CONTROLLED SUBSTANCE LECTURES – Friday, October 16

Part I – Classifications, Dispensing and Prescribing in the Veterinary Setting

Part II Recordkeeping and Diversion Prevention

(Fee of \$50 for this two part series)

8. WELCOME RECEPTION – Friday, October 16

Included in the Full Conference Registration and Friday Only Registration.

I will attend the Reception

I will attend the CU Hospital for Animals Tour (limited)

I will attend the “Hard Hat” College Expansion Tour (limited)

9. CELEBRATION DINNER – Saturday, October 17

I will attend the Dinner

\$60

10. SPOUSE/GUEST/STUDENT MEALS

Meal tickets must be presented at each meal function.

Friday Equine Lunch

complimentary

Saturday Lunch

___ x \$17= \$ _____

Sunday Lunch

___ x \$17= \$ _____

Welcome Reception

___ x \$25= \$ _____

Celebration Dinner

___ x \$60= \$ _____

11. NYSVMS ANNUAL BUSINESS MEETING Sunday, Oct. 18

I will attend the NYSVMS Annual Business Meeting

12. PHOTO RELEASE

I hereby grant the New York State Veterinary Conference the right to record and use, to the extent that it desires, any images or recordings (including, but not limited to visual images, graphics, spoken word, vocal or instrumental music/sound effects) of me, or of any activity in which I (my establishment/organization/animal) have taken part in, on behalf of the New York State Veterinary Conference or its representatives. Recording methods and distribution media may include, but are not limited to videotape, audiotape, motion picture film, still photographs (analog or digital), DVD, CD, or web pages. I further understand that this authorization shall extend to the Conference grantees, lessees, or licensees in perpetuity.

Yes No

13. GRAND TOTAL ENCLOSED

\$ _____

Fax to (518) 869-7868 or mail with payment information (check made payable to NYSVMS) to: NYSVMS, 100 Great Oaks Blvd., Suite 127, Albany, NY 12203

Please charge my

Visa MasterCard Discover American Express

Name on Card _____

Card# _____

Expiration Date _____ CW Code _____

Billing Zip/Postal Code _____

Cancellation Policy:

To cancel your registration call (518) 869-7867 or (607) 253-3200. Your fee, less a \$100 processing fee will be refundable until Oct. 6, 2015. No refunds will be issued after that date or for failure to attend.

\$50