

# REGISTRATION FORM

If you'd like to pay via Credit Card please utilize our new online registration portal.

[www.tavm.org](http://www.tavm.org)

## Toronto Academy of Veterinary Medicine 2020 Lecture Series

### 1. PERSONAL INFORMATION *(please complete all fields).*

First Name (registrant #1) \_\_\_\_\_ Last Name \_\_\_\_\_

Practice Name (if applicable) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Preferred Email Address (Required) \_\_\_\_\_

Preferred Phone \_\_\_\_\_ Is this Work or Home (circle) W H Fax \_\_\_\_\_

Please indicate your type of Registration (Check one only)  Veterinarian  Practice Manager / Hospital Personnel  
 Industry  Student

Please indicate your Designation (Check one only), if applicable  DVM  RVT  AHT  CVPM  Other

### 2. TOTAL REGISTRATION FEES & PAYMENT *Please Submit Separate Forms for Veterinary Series Registrations & Hospital Series Registrations*

**Early Bird Pricing: Register Prior to January 30th 2020**  
Save 10% off the Full Membership Rate

**Early Bird Pricing: Register Prior to January 30th 2020**  
Save 10% off the Full Membership Rate

Full 2020 Veterinary Series Membership **\$569.00/pp**

Save 10% per each additional Veterinary Series Members from the same clinic.

Single Veterinary Lecture Rate **\$179.00/per lecture**

Active Student Single Lecture Rate **\$35/per lecture**

Feb Mar April May Sept Oct Nov

Full 2020 Hospital Series Membership **\$269.00/pp**

Single Veterinary Lecture Rate **\$89.00/per lecture**

Active Student Lecture Rate **\$35/per lecture**

Feb Mar April May Sept Oct Nov

Registrant#2: \_\_\_\_\_

Registrant#5: \_\_\_\_\_

Registrant#3: \_\_\_\_\_

Registrant#6: \_\_\_\_\_

Registrant#4: \_\_\_\_\_

Registrant#7: \_\_\_\_\_

If more than seven registrations are required please utilize another registration form

<b>3: Registration Totals</b>	2020 Lecture Rates	\$ _____
	<b>Subtotal</b>	\$ _____
	+	
	<b>13% HST</b>	\$ _____
	<b>Grand Total</b>	\$ _____



## Register Today!

Space is limited!

**Phone:** 905.875.0756 ext 233 or  
1.800.670.1702

**Online:** [tavm.org](http://tavm.org)

**Fax:** Fax in this form 905.875.0958  
(local) 877.482.5941 (toll free)

**Mail:** TAVM  
205-420 Bronte Street South  
Milton, ON L9T 0H9

**NEW for 2020- Corporate Pricing**  
Please contact us for details

\*\*Please note if you opt to pay by cheque, your registration is not recognized or processed until actual cheque and completed registration form are received in TAVM office. Fax copies of cheque payment are not accepted.\*\*