

Feline Gastroenterology and Endocrinology

September 18 - 21, 2014 The JW Marriott Indianapolis, IN

Questions? (800) 874-0498 / info@catvets.com

FASY REGISTRATION:

Online www.catvets.com/education Fax (908) 292-1188 Mail AAFP, 390 Amwell Road, Suite 402, Hillsborough, NJ 08844 NAME WORK PHONE PRACTICE / COMPANY EMAIL (required to receive confirmation and proceedings login) MAILING ADDRESS Check One: Practice Owner Associate Veterinarian Technician EMERGENCY CONTACT NAME & PHONE NUMBER Hospital Manager Office Staff Student Other First-time Attendee Dietary Restrictions/Food Allergy: ADA Accommodation: _ ISFM Member #: _ **CONFERENCE REGISTRATION Total Cost** By 8/29/14 After 8/29/14 Pre-conference Day (Luncheon/ABVP Seminar & Social) AAFP Member/ISFM Member \$125 \$150 Non-Member \$175 \$200 Student \$ 40 \$ 55 **Full Three Day General Conference** AAFP Member/ISFM Member \$485 \$560 \$585 Non-Member \$660 Para-professional Member* \$200 \$250 Para-professional Non-Member* \$250 \$300 Students \$ 80 \$100 **One Dav Pass** Friday, September 19, 2014 General Conference \$220 \$260 Saturday, September 20, 2014 General Conference \$220 \$260 Saturday, September 20, 2014 Para-professional Track* \$100 \$125 Sunday, September 21, 2014 General Conference \$220 \$260 **Additional Items & Events** Lunch & Learn Friday** - Limited to 100 FREE FREE Lunch & Learn Saturday** - Limited to 100 FREE FREE Lunch & Learn Sunday** - Limited to 150 FREE FREE Fun Run/Walk - Waiver Must be Submitted FREE FREE Fun Run/Walk T-Shirt \$ 18 \$ 18 Size: Small Medium Large XL XXL Offsite Event - Indiana State Museum \$ 40 \$ 50 Entrée selection: Beef Chicken Fish Vegetarian Tickets purchased onsite are \$60 and limited. **Printed Proceedings Book** \$ 55 \$ 55 Printed Proceedings Book Shipping & Handling - Non-attendees Only \$ 15 \$ 15 Guest Registration (includes meals, exhibit hall, & onsite receptions) \$225 \$275 Guests must be affiliated with a registered practitioner/para-professional. Guest Ticket - Exhibitors' Reception ONLY \$ 20 \$ 20 * Para-professional denotes technicians, practice managers, and other hospital staff who consult with clients. ** Attendees may not register for more than two Lunch and Learn Sessions.

PAYMENT INFORMATION

AAFP Federal Tax ID 43-1397996

Check will be mailed Credit Card Number:

- REGISTRATION TOTAL: \$ Credit Card: Visa MasterCard American Express Discover

Expiration Date:

Name on Card:

Signature:

Checks are payable to "AAFP." Payments must be drawn in US Funds.