



# AMERICAN ASSOCIATION OF FELINE PRACTITIONERS 2016 FELINE PRACTICE MANAGEMENT MEETING Feline-Focused Business Strategies

March 4-6, 2016 Hyatt Regency Resort Lake Tahoe, NV

## REGISTRATION FORM

If you have any questions, please call (800) 874-0498 / (908) 359-9351 or email [info@catvets.com](mailto:info@catvets.com)

### EASY REGISTRATION:

1. **Online** Registration, visit the AAFP website, [www.catvets.com](http://www.catvets.com).
2. **Fax** this form to (908) 292-1188.
3. **Mail** this form with check to 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: <input type="checkbox"/> Practice Owner <input type="checkbox"/> Associate Veterinarian <input type="checkbox"/> Technician <input type="checkbox"/> Hospital Manager <input type="checkbox"/> Office Staff <input type="checkbox"/> Student <input type="checkbox"/> Other _____	EMERGENCY CONTACT NAME & PHONE NUMBER
<input type="checkbox"/> First-time Attendee <input type="checkbox"/> Dietary Restrictions/Food Allergy: _____ <input type="checkbox"/> ADA Accommodation: _____ <input type="checkbox"/> ISFM Member #: _____	
How did you hear about us? _____	

## CONFERENCE REGISTRATION

GENERAL CONFERENCE	BY 2/5/16	AFTER 2/5/16	TOTAL COST
<b>Full Three-Day Registration</b>			
AAFP Members	\$525.00	\$625.00	\$ _____
Non-Members	\$625.00	\$725.00	\$ _____
Vet Techs/Practice Manager Members	\$195.00	\$250.00	\$ _____
Vet Techs/Practice Manager Non-Members	\$250.00	\$275.00	\$ _____
Students	\$ 50.00	\$ 70.00	\$ _____
<b>One-Day Registration</b>			
AAFP Members	\$195.00	\$225.00	\$ _____
Non-Members	\$240.00	\$275.00	\$ _____

Attending on:  Friday, March 4, 2016  Saturday, March 5, 2016  Sunday, March 6, 2016

Note: Conference registration is limited to 200 registrants.

## PAYMENT INFORMATION

AAFP Federal Tax ID 43-1397996

REGISTRATION TOTAL: \$ \_\_\_\_\_

Check will be mailed  Credit Card:  Visa  MasterCard  American Express  Discover

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Checks are payable to "AAFP." Payments must be drawn in US Funds.  
AAFP, 390 Amwell Road, Suite 402, Hillsborough, NJ 08844