

# Registration Form • ContinuEd Hawaii Veterinary Symposium • March 24-29, 2012

One form per registrant please. Symposium proceedings are not sold separately from registration. **There are no single-day registrations.**

## To register:

### By Phone:

Call: **1-800-539-7395**

Office Hours: 9am - 4pm, Pacific Time, M-F

### By Mail:

Send this form with payment to:

**ContinuEd  
PO Box 75598  
Seattle WA 98175-0598  
USA**

### By FAX:

FAX this form to: **(206) 230-8359**

### Online:

Go to [www.continu-ed.com](http://www.continu-ed.com)

Name: \_\_\_\_\_ Nickname for name badge: \_\_\_\_\_  
Title: \_\_\_ DVM \_\_\_ VMD \_\_\_ RVT \_\_\_ CVT \_\_\_ LVT \_\_\_ AHT Other: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
Country (other than U.S.): \_\_\_\_\_  
This is my: \_\_\_ Home Address \_\_\_ Hospital address  
Hospital name: \_\_\_\_\_  
Daytime phone: (\_\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

## Registration Type (check one registration type, and if you want the printed proceedings)

	By January 31, 2012	February 1-29, 2012	After February 29	
___ Veterinarian Registration	<b>\$695</b>	\$725	\$755	\$ _____
___ Technician Registration	<b>\$595</b>	\$625	\$655	\$ _____
___ Printed proceedings (optional; proceedings are provided on a flash drive prior to the program)				\$ <u>40.00</u>

**The final registration deadline is March 15, 2012, or until sold out. Questions? Call ContinuEd at 1-800-539-7395.**

## Lodging Information

\_\_\_ I will be staying at the Hyatt Regency Maui, arriving \_\_\_\_\_ and departing \_\_\_\_\_.

\_\_\_ I will be staying somewhere else.

Payment Method: \_\_\_ Check \_\_\_ VISA \_\_\_ MasterCard \_\_\_ American Express

Checks should be enclosed, payable in US Dollars to ContinuEd.

For credit payment - card account number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Card expiration date: \_\_\_\_\_ / \_\_\_\_\_

Security Code\*: \_\_\_\_\_ (last 3 digits on signature line on back of card; for AMEX, the four numbers printed on the front right of the card, above the account number)

Name of cardholder: \_\_\_\_\_ Signature: \_\_\_\_\_

Address/Zip code (for bank verification): \_\_\_\_\_

This is the address where you receive your statements for this account. We only need the numbers and the zip code.  
For example, 5678 Main Street, Anywhere, MA 01234 - would be 5678, and 01234. We don't need the street names.