



# 2020 Virtual CONFERENCE

## Feline Head & Neck: Diseases, Disorders, & More

### October 3 & 4 and 24 & 25, 2020

**EASY REGISTRATION:**

Online [www.catvets.com/education](http://www.catvets.com/education) Fax (908) 292-1188 Mail AAFP, 750 Route 202, Suite 200, Bridgewater, NJ 08807

NAME \_\_\_\_\_ WORK PHONE \_\_\_\_\_

PRACTICE / COMPANY \_\_\_\_\_ EMAIL (required to receive confirmation and proceedings login) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

Check One:  Practice Owner  Associate Veterinarian  Technician/Nurse  
 Hospital Manager  Office Staff  Student  Other \_\_\_\_\_

First-time Attendee  ISFM Member #: \_\_\_\_\_  ABVP Diplomate: \_\_\_\_\_

Please do not send me a printed Conference Brochure in the future. How did you hear about us? \_\_\_\_\_

**Notice of Consent/Privacy (Required)\***

I agree that an application to the AAFP constitutes consent to receive email, mail, or fax from the Association and agree to terms of the AAFP Privacy Policy (<https://www.catvets.com/privacy>).

Yes, I consent  No, I do not consent

EMERGENCY CONTACT NAME & PHONE NUMBER \_\_\_\_\_

**CONFERENCE REGISTRATION**

		By 8/31/20	After 8/31/20	Total Cost
<b>Veterinarian</b>	AAFP Member/ISFM Member	\$149	\$169	_____
	Non-Member	\$249	\$269	_____
	New Membership & Conference Bundle	\$369	\$389	_____
<b>Technician/Nurse</b>	AAFP Member	\$ 79	\$ 89	_____
	Non-Member	\$119	\$129	_____
	New Membership & Conference Bundle	\$184	\$194	_____
<b>Practice Management &amp; Other Hospital Staff</b>	AAFP Member	\$ 79	\$ 89	_____
	Non-Member	\$119	\$129	_____
	New Membership & Conference Bundle	\$184	\$194	_____
<b>Student</b>		\$ 40	\$ 50	_____

**Additional Items & Events**

Feline-Friendly Handling Workshop	\$190	\$225	_____
Printed Proceedings Book	\$ 65	\$ 65	_____

Video Chat Discussion Forum Sign Up (view list at [catvets.com/forums2020](http://catvets.com/forums2020))

Option 1: \_\_\_\_\_ Option 2: \_\_\_\_\_

\*Note: There is limited availability and these are on a first come, first served basis. Your first choice may not be available.

**PAYMENT INFORMATION**

AAFP Federal Tax ID 43-1397996

Check will be mailed Credit Card: **REGISTRATION TOTAL:** \$ \_\_\_\_\_  
 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, 750 Route 202, Suite 200, Bridgewater, NJ 08807

Questions? (800) 874-0498 / [info@catvets.com](mailto:info@catvets.com)