

5th International Veterinary Behavior Meeting – July 14-16 2005

Marriott Minneapolis City Center•300 South 7th Street• Minneapolis, MN 55402•612-349-4000

Please mail or FAX form and payment to:

IVBM / AVMA • 1931 N. Meacham Rd. Suite 100 • Schaumburg, IL, 60173 • FAX: 847-925-1329

Circle Prefix: Dr Mr Ms Degree / Suffix for badge: Circle one only DVM, VMD, PHD, RVT, LVT other____

Last (family) Name:_____ First (given)Name:_____

Address:_____

City and State/Province:_____ Postal code:_____

Country:_____ e-mail:_____

Daytime Telephone: _____ - _____ Fax: _____ - _____

Students: College _____ Year of graduation _____

REGISTRATION CATEGORIES/FEEES

Fee includes continental breakfasts, lunch, refreshment breaks, proceedings and all scientific and poster sessions July 14 to 16 at Marriott Minneapolis City Center Hotel. For updated conference information visit the ACVB website at www.dacvb.org

	Advanced	Pre-convention
Conference registration	Must be postmarked by 4.18.05	Must be postmarked by 6.17.05
Veterinarians/technicians/nurses	\$295.00	\$325.00 _____
Veterinary Students	\$195.00	\$225.00 _____
TOTAL ENCLOSED		_____

No refunds after June 17, 2005 – all refunds subject to \$40 processing fee
Registration does not include admission/attendance to AVMA/WVC July 16-20
Annual Convention

Contact www.avmaconvention.org for details and registration information for the AVMA

Payment can be made by mail or FAX and must accompany this registration form. Check one of the following:

VISA MasterCard American Express Check or money order (Payable in US Funds only to: AVMA)

Note: A valid credit card number with expiration date through 07/05 is required for hotel reservations

Credit Card # _____ **Expiration Date:** _____

Cardholder Name: _____ **Signature:** _____

HOUSING INFORMATION FOR IVBM PARTICPANTS

Rooms are available at the Marriott Minneapolis City Center \$135.00 USD per night. If you wish to reserve a room at this hotel ONLY, please complete the following information and be certain to provide an email address for confirmation. Credit card information must be provided for room reservations. AVMA attendees who wish to book an alternative hotel can do so at www.avmaconvention.org.

Arrival date: _____ Departure date _____ # people in a room _____ # of beds one two

Room type request: Connecting Accessible Smoking Non Smoking Other Special assistance:

List all occupants sharing room including children and ages:

For further details regarding registration information contact: Dr. Jacqui Neilson at
abcjndvm@hevanet.com or by phone at 503-358-6701

Do not use this form if you are a presenter or exhibitor receiving complimentary or reduced fee registration.
Contact abcjndvm@hevanet.com for details.