## **Tufts University Cummings School of Veterinary Medicine** And

Healing Oasis Wellness Center

2018 Convention - "Functional knowledge – Crucial and Relevant to Improve on Patient Outcome"

Oct 27<sup>th</sup> – 28<sup>th</sup>, 2018

Name:	
Degree (please circle appropriate one): DC, DVM, VMD, RVT, LVT, CVT, Other licensed profe	ession:
Address:	
<del></del>	
Work phone number: Email (required): Cell: (will be kept private):	
Location: Cummings School of Veterinary Medicine at Tufts University located at 200 V	Vestboro Road
North Grafton, MA 01536	
For a list of hotels: <a href="https://vet.tufts.edu/wp-content/uploads/Housing-Accommodations">https://vet.tufts.edu/wp-content/uploads/Housing-Accommodations</a> Note: Attendees MUST make their own reservations!	-Chart.pdf
Admissions requirements:  1. Note well: Attendees must be a current licensed health care professional AND MUST signal.	n the application /
registration form. If there is any doubt, we will require a copy of your current and valid lic	
or veterillary iviedicine	
COST:	
Choose specific track: (Max of 40 attendees per track)     a. Small Animal Lecture Track:	
1) CVT, LVT, RVT	
Early bird registration postmarked on or before August 24th, 2018:	
Lectures ONLY:	\$350.00
❖ Lectures AND lab:	\$380.00
Registration from Aug 25 <sup>th</sup> – Oct 19 <sup>th</sup> , 2018:	
❖ Lectures ONLY:	\$375.00
❖ Lectures AND lab:	\$420.00
2) DC, DVM, VMD, Other licensed health care professional:	
<ul> <li>Early bird registration postmarked on or before August 24<sup>th</sup>, 2018:</li> </ul>	
❖ Lectures ONLY:	\$420.00
Lectures AND lab:	\$480.00
<ul> <li>Registration after Aug 25<sup>th</sup> – Oct 19<sup>th</sup>, 2018:</li> </ul>	
Lectures ONLY:	\$490.00
Lectures AND lab:	<b>\$565.00</b>
b. Equine Track with Lab:	
1) CVT, LVT, RVT	
Early bird registration postmarked on or before August 24 <sup>th</sup> , 2018:	4050.00
❖ Lectures ONLY:	\$350.00 \$300.00
Lectures AND lab:	\$380.00
<ul> <li>Registration from Aug 25<sup>th</sup> – Oct 19<sup>th</sup>, 2018:</li> <li>Lectures ONLY:</li> </ul>	¢275.00
<ul> <li>❖ Lectures ONLT.</li> <li>❖ Lectures AND lab:</li> </ul>	\$375.00 \$420.00
2) DC, DVM, VMD, Other licensed health care professional:	φ <del>4</del> ∠0.00
Early bird registration postmarked on or before August 24 <sup>th</sup> , 2018:	
<ul> <li>Learly blind registration positivarked on or before August 24<sup></sup>, 2016.</li> <li>★ Lectures ONLY:</li> </ul>	\$420.00
Lectures AND lab:	\$480.00
<ul> <li>Registration after Aug 25<sup>th</sup> – Oct 19<sup>th</sup>, 2018 (see next page):</li> </ul>	¥

Lectures ONLY:

Lectures AND lab:

\$490.00 \$565.00

Regarding LABS: MAXIMUM # of attendees for each lab (either small or large animal) is 20 (twenty).

3) <u>Benefit for successful graduates</u> from Tuft University Cummings School of Veterinary Medicine or Veterinary Technician Program, or Healing Oasis Wellness Center (VSMT or VMRT Post Graduate Programs): A 10% (ten percent) discount of total registration.

<u>Total payment: ALL TRANSACTIONS PAYABLE TO: TUFTS UNIVERSITY</u> Registration for main conference:	\$
Registration for wet lab:	\$
% discount ( <b>ONLY one discount</b> ) if applicable (see #3 above):	\$ (-)
Total cost of registration:	\$
Refund information:	
<ul> <li>a. 75% refund if postmarked / emailed more than 7 weeks of scheduled day</li> <li>b. 50% refund if more than 5 weeks but less than 7 weeks of scheduled day</li> <li>c. 25% refund if more than 4 weeks but less than 5 weeks of the scheduled</li> <li>d. NO REFUND if less than 4 weeks of the scheduled date.</li> <li>***Please note that ALL CANCELLATIONS must be done in writing (no cancellation). All cancellation notices must be sent via email at VETCE ***Please note, that a 2.5% charge will be applied to all credit card</li> </ul>	ate and date by phone messages will be accepted as EINFO@TUFTS.EDU.
ALL TRANSACTION PAYABLE TO TUFTS UNIV	/ERSITY
Registration <u>can be mailed to</u> :  Tufts University School of Veterinary Medicine	
200 Westboro Road	
North Grafton, MA 01536	
508-887-4723; 508-887-4539FAX VETCEINFO@TUFTS.EDU	
Signature of Applicant: Date:	
By signing above, applicant acknowledges that they are a licensed health care protheir state of residency.	fessional with a current valid license on