2015 UC Davis Donkey Welfare Symposium
Registration Form

November 6-8, 2015, UC Davis

First Name | Last Name
---|---

**Category (circle all that apply)**
- DVM
- RVT
- MD
- General Public
- Other

Please describe:

UC Employee ID #: (if applicable)

Student ID #: (if applicable)

Practice Name (if applicable)

Address

City | State | Zipcode
---|---|---

Telephone | Email
---|---

**Registration Type** (Circle one)

<table>
<thead>
<tr>
<th>Registration Type</th>
<th>Standard Price</th>
<th>Late Price after 11/4/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>DVM on site (for CE)</td>
<td>$350.00</td>
<td>$400.00</td>
</tr>
<tr>
<td>RVT on site (for CE)</td>
<td>$250.00</td>
<td>$300.00</td>
</tr>
<tr>
<td>General Public on site (not for CE)</td>
<td>$225.00</td>
<td>$275.00</td>
</tr>
<tr>
<td>Webinar (for CE)</td>
<td>$150.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>Current UCD Employee or Student on site (for CE)</td>
<td>$100.00</td>
<td>$150.00</td>
</tr>
<tr>
<td>Current UCD Employee or Student webinar (for CE)</td>
<td>$100.00</td>
<td>$150.00</td>
</tr>
<tr>
<td>Saturday night dinner</td>
<td>$70.00</td>
<td>n/a</td>
</tr>
</tbody>
</table>

**Total amount due**

**How will you pay? Circle one**

- Check made out to UC Regents
- Visa
- Mastercard
- AmEx

Credit card number | Expiration date
---|---

Name as it appears on card (if different from above)

Credit card billing address (if different from above)

City | State | Zipcode
---|---|---

Signature

*Please return this form to:*
Center for Continuing Professional Education, Attn: Roxy Rose
University of California – Davis, Veterinary Medicine Teaching Hospital
173 Schalm Hall, One Shields Avenue, Davis, CA 95616, Tel: 530-754-9223, Fax: 530-752-6728, rrose@ucdavis.edu

*Speaker notes will only be available electronically via a password protected website (no hard copies)*