



2022 ACVS SURGERY SUMMIT REGISTRATION FORM

October 12 Laboratories | October 13–15 Seminars & Scientific Abstracts | Portland, OR

Print neatly and use one registration form per registrant.

☐ **Check this box if pre-registered for the Surgery Summit. If pre-registered, provide first and last name only.**

First Name Last Name Degree(s) License Number (if applicable)

Nickname for Badge (optional) Organization

Preferred Mailing Address

City State Zip/Postal Code Country (outside the US)

Preferred Phone Number Email (Must be unique for each registrant)

Is your employer a: 2022 Practice Partner? ☐ YES ☐ NO ACVS Premier Sponsor ☐ YES ☐ NO

If yes, employer's name: _____

Use of Your Information

The ACVS Foundation Silent Auction uses mobile bidding for auction items preview and participation. By providing your mobile number, you grant the ACVS Foundation permission to send you a limited number of text messages about this year's silent auction.

☐ Yes, you may send text messages to my cell phone for silent auction promotion. (###-###-####)

Mobile phone number _____

☐ No, do not send me silent auction-related text messages.

Your registration mailing address as shown above may be shared with third parties in the form of a mailing list for advertising purposes.

☐ Yes, include me in the mailing list for advertising purposes.

☐ No, do not include me in the mailing list for advertising purposes.

ACVS publishes a list of registered attendees on the Surgery Summit website. By opting in, your name, company, and location will be included in the online attendee list.

☐ Yes, include me in the list of attendees on the website.

☐ No, do not include me in the list of attendees on the website.

ACVS will send no more than three emails to registrants on behalf of exhibitors. By opting in, you will receive these emails.

☐ Yes, include me in the email list.

☐ No, do not include me in the email list.

Lead Retrieval

Your registration mailing address, email address, and phone number as shown above will be provided to ACVS's lead retrieval vendor. If you consent to having your badge scanned in the exhibit hall, your information will be shared with those companies who have scanned your badge.

Americans with Disabilities Act

Pursuant to the Americans with Disabilities Act, do you require specific aids or services?

☐ Yes ☐ No

If yes, please specify _____

Demographics

Number of years in practice:

☐ Less than 5 years

☐ 5–10 years

☐ 11–15 years

☐ 16–20 years

☐ 20+ years

☐ Not applicable

What is your species emphasis?

☐ Exclusively Small Animal

☐ Exclusively Large Animal

☐ Equine

☐ Mixed

☐ Other (please specify): _____

What is your practice/employment setting?

☐ Academia

☐ Private Practice (multi-veterinarian)

☐ Private Practice (solo veterinarian)

☐ Industry

☐ Armed Forces

☐ Retired

☐ Not Employed

☐ Other (please specify): _____

How did you hear about the ACVS Surgery Summit?

☐ Return attendee

☐ Referred by current/past attendee

☐ Email/e-newsletter

☐ Print advertisement

☐ Social media: Which platform? _____

☐ Other (please specify): _____

REGISTRATION CATEGORIES

Full meeting registration

- ☐ ACVS Diplomate\$720
- ☐ 2022 New ACVS Diplomate 620
- ☐ ECVS Diplomate 720
- ☐ ACVAA Diplomate 720
- ☐ ACVS Emeritus Diplomate Full Program 185
- ☐ ACVS Resident 420
- ☐ ECVS Resident 420
- ☐ ACVAA Resident 420
- ☐ Veterinary/Other Professional 735
- ☐ Practice Manager/Non-Veterinarian 735
- ☐ Technician 420
- ☐ Student/Intern 370

- ☐ Exhibit Hall/Reception Guest (provide name below).....\$135
Includes exhibit hall breaks, lunches, Scientific Poster Reception, and the Surgery Summit Happy Hour only
- ☐ Surgery Summit Happy Hour Guest 35
(provide name below)

One-day meeting registration

- ☐ **Thursday** ☐ **Friday** ☐ **Saturday**
- ☐ ACVS Diplomate\$385
- ☐ ECVS Diplomate 385
- ☐ ACVAA Diplomate 385
- ☐ ACVS Resident 260
- ☐ ECVS Resident 260
- ☐ ACVAA Resident 260
- ☐ Veterinary/Other Professional 435
- ☐ Practice Manager/Non-Veterinarian 435
- ☐ Technician 235
- ☐ Student/Intern 260

- ☐ ACVS Emeritus Diplomate Select Programs Only \$0
- ☐ Guest of ACVS Emeritus Diplomate (provide name below)..... 70
Includes exhibit hall breaks, lunches, Scientific Poster Reception, and the Surgery Summit Happy Hour only
- ☐ Exhibitor Representative\$250

Name of Guest: _____

PAYMENT TOTAL

Registration Fees \$ _____

ACVS Foundation Donation \$ _____

GRAND TOTAL \$ _____

PAYMENT INFORMATION

- ☐ Cash
- ☐ Check # _____
*Made payable to "American College of Veterinary Surgeons" in US funds only
- ☐ Credit Card