

## 2021 ACVS SURGERY SUMMIT REGISTRATION FORM

October 6 Laboratories | October 7-9 Seminars & Scientific Abstracts | Chicago, IL

Print and use one registration form per registrant or register online at www.acvssurgerysummit.org/register. If your employer is a 2021 ACVS Practice Partner or Premier Sponsor, contact the ACVS office at surgerysummit@acvs.org for the appropriate registration form.

| First Name  | Dagrag(s)  | N.  | lieknome for Dodge (entional)   |  |
|---|--|---|---|--|
| First Name Last Name  | Degree(s)  | IN  | lickname for Badge (optional)   |  |
| Email (Must be unique for the registrant)   |  | THREE WAYS  | TO REGISTER   |  |
|   |  | ONLINE: www.a   | cvssurgerysummit.org/register   |  |
| Organization Preferred Mailing Address  | MAIL or FAX completed registration form: ACVS Surgery Summit Registration 19785 Crystal Rock Drive, Suite 305 Germantswn, MD 20874   |   |   |  |
|   |  | FAX (301) 916-2287 (credit card payments only) Pre-registration closes September 6.   |   |  |
| City State Zip  | /Postal Code   | Registration closes September 6. Registration forms received after September 6 will be processed onsite at the Surgery Summit.                    |   |  |
| Country (outside the US)  |  | Laboratory registration closes August 20. ACVS reserves the right to cancel any laboratory that does not meet minimum registrations by August 20. |   |  |
| Preferred Phone Number  |  | registrations b   | y August 20.  |  |
| Use of Your Information   | Americans  | with Disabilitie  | es Act  |  |
| 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.   | Pursuant to the Americans with Disabilities Act, do you require specific aids or services?  □ Yes □ No   |   |   |  |
| ☐ Yes, you may send text messages to my cell phone for Silent Auction promotion. (###-#####)  Mobile Phone Number   | If yes, please  Demograph  |   | What is your practice/  |  |
| <ul> <li>□ No, do not send me Silent Auction-related text messages.</li> <li>Your registration mailing address as shown above may be shared with third parties in the form of a mailing list for advertising purposes.</li> <li>□ Yes, include me in the mailing list for advertising purposes.</li> <li>□ No, do not include me in the mailing list for advertising purposes.</li> </ul> | 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 Equine  Academia  Private Practice (Multi-Veterinar  (Solo Veterinari  Industry  Armed Forces  Retired  Not Employed  Other (Please S |   | <ul> <li>□ Private Practice         (Multi-Veterinarian)</li> <li>□ Private Practice         (Solo Veterinarian)</li> <li>□ Industry</li> </ul> |  |
| ACVS publishes a list of registered attendees on the ACVS 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 ACVS website.  ☐ No, do not include me in the list of attendees on the ACVS website.  |  |   | □ Retired   |  |
| 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.   |  | ase Specify)  | -   |  |
| □ No, do not include me in the email list.  | •  |   | he ACVS Surgery Summit?   |  |
| 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.  | ☐ Email/e-ne☐ Print adve☐ Social med   | y current/past att<br>ewsletter<br>rtisement  | m?  |  |

| Check              | registration category and circle fee. (See Payment Information, page  | e 6.)                    |                            |                               |
|--------------------|---|--------------------------|----------------------------|-------------------------------|
| MEE                | TING REGISTRATION FEES  | Postmarked by<br>June 26 | Postmarked<br>by August 20 | Postmarked after<br>August 20 |
|                    | ACVS Diplomate  | \$620                    | \$670                      | \$720                         |
|                    | ECVS or ACVSMR Diplomate  | 620                      | 670                        | 720                           |
|                    | 2021 New ACVS Diplomate   | 520                      | 570                        | 620                           |
|                    | ACVS Diplomate − One Day ☐ Thurs ☐ Fri ☐ Sat  | 335                      | 360                        | 385                           |
|                    | ECVS or ACVSMR Diplomate − One Day ☐ Thurs ☐ Fri ☐ Sat  | 335                      | 360                        | 385                           |
|                    | ACVS Emeritus Diplomate (see page 3 for Legacy Program-only registration)   | 185                      | 185                        | 185                           |
|                    | ACVS Resident*  | 320                      | 345                        | 420                           |
|                    | ECVS or ACVSMR Resident*  | 320                      | 345                        | 420                           |
|                    | Student/Intern*   | 270                      | 295                        | 370                           |
|                    | Resident/Student/Intern* – One Day ☐ Thurs ☐ Fri ☐ Sat  | 210                      | 235                        | 260                           |
|                    | Veterinary/Other Professional   | 660                      | 685                        | 735                           |
|                    | Veterinary/Other Professional − One Day ☐ Thurs ☐ Fri ☐ Sat   | 360                      | 385                        | 435                           |
|                    | Practice Manager/Non-Veterinarian   | 660                      | 685                        | 735                           |
|                    | Technician  | 370                      | 395                        | 420                           |
|                    | Technician – One Day □ Thurs □ Fri □ Sat  | 175                      | 210                        | 235                           |
| year aft<br>Diplom | e start of their program. Students, interns, and graduate students may registe<br>er completion of their program. Resident or student status verification by sig<br>ates must register at a Diplomate rate.  nent Head or Program Director (print name) |                          | ead or program direct      |                               |
| Signatu            | re of Department Head or Program Director   |                          |                            |                               |
| GUE                | ST PASS(ES)   |                          |                            |                               |
| □ Ex               | thibit hall breaks, lunches, Scientific Poster Reception, and the Surge   | ry Summit Happy Ho       | ur only                    | \$135                         |
| ☐ Gi               | uest of Emeritus Diplomate (includes exhibit hall breaks, lunches, Sci<br>Irgery Summit Happy Hour only)  |                          |                            | 70                            |
|                    | argery Summit Happy Hour only   |                          |                            | 35                            |
| Name               | of Guest: First   | _ Last                   |                            |                               |
| Name               | of Guest: First   | Last                     |                            |                               |

☐ Check this box if you are registering for a Laboratory or purchasing Surgery Summit On-Demand ONLY (See pages 4

| LEGACY PROGRAM  |  |
|---|--|
| ☐ Legacy Program: Emeritus Diplomate Only   | \$0  |
| ☐ Legacy Program: Guest of Emeritus Diplomate Only  | 70   |
| Name of Guest: First  | Last   |
|   |  |
| LEGACY TOUR: Chicago Highlights   |  |
| 11 am-5 pm, Friday, October 8   Pre-registration required and space guests only.  | e is limited. Available to ACVS Emeritus Diplomates and their            |
| ☐ Legacy Tour: Emeritus Diplomate Only  | \$35   |
| ☐ Legacy Tour: Guest of Emeritus Diplomate Only   | 35   |
| Name of Guest: First  | Last   |
| OTHER OPPORTUNITIES   |  |
| □ <b>RUN FOR FUN</b>   6:15–7:15 am, Thursday–Saturday.   |  |
| ☐ Thursday ☐ Friday ☐ Saturday  |  |
|   |  |
| □ <b>PROCEEDINGS</b>   # @ \$100 each Pre-order required. No <i>Proceedings</i> books will be sold onsite.                    |  |
| ☐ STRATEGIES FOR IMPROVING COLLABORATIVE RE<br>VETERINARIANS AND VETERINARY SURGEONS   Pi<br>12:15-1:15 pm, Friday, October 8 | resented by Collaborative Care Coalition and ACVS                        |
| Pre-registration is highly recommended. Lunch is included with v  | voucher. Please indicate if you plan to attend this presentation.        |
| ☐ NEGOTIATION AND COMPENSATION: WHAT TO LOC 12:30 – 2:30 pm, Friday, October 8  | OK FOR AND EXPECT IN PRIVATE PRACTICE                                    |
|   | mates and residents. Ideal for recent Diplomates. Lunch is included ion. |
| □ ACVS DIPLOMATES' BUSINESS MEETING   11:45 am-<br>Available to ACVS Diplomates only. Lunch is included with vouch            |  |
| ☐ ACVS RESIDENCY PROGRAM DIRECTORS' MEETIN Lunch is included with voucher. Please indicate if you plan to att                 |  |

## LABORATORIES | Wednesday, October 6 (unless otherwise noted)

Laboratory fees increase June 27. The last day to register for a laboratory is August 20. ACVS reserves the right to cancel any laboratory that does not meet minimum registrations by August 20. If the laboratory is canceled by this date, registrants will be notified via email no later than August 25, and all paid registration fees will be refunded. Registrants for laboratories are advised not to make airline and hotel reservations until after August 25, to ensure their selected laboratory is not canceled. ACVS will not reimburse for travel in the case of a cancellation due to low registrations.

All laboratory registration fees must be paid in full by August 20 to guarantee a seat in the desired laboratory. All unpaid seats will be released after August 20 and offered to another participant.

Check preferred laboratory and circle fee. Space is limited.

| Open | to ACVS, ECVS, and ACVSMR Diplomates and Residents   | Postmarked<br>by June 26 | Postmarked by<br>August 20 |
|------|--|--------------------------|----------------------------|
|      | Advanced Small Animal Laparoscopy (Tuesday, 8 am-5 pm)   | \$1,850                  | \$1,900                    |
|      | Advanced Small Animal Laparoscopy (Tuesday, 8 am-noon and Wednesday, 8 am-noon)                        | 1,850                    | 1,900                      |
|      | Beginner-to-Advanced Tracheal Stenting (Small Animal)  | 625                      | 675                        |
|      | Limb Alignment Osteotomies to Manage Patellar Luxation (Small Animal)                                  | 1,000                    | 1,050                      |
|      | Small Dog Stifle Arthroscopy and Advanced Dynamic and Static Stifle Stabilization                      | 1,250                    | 1,300                      |
| Open | to All Audiences   |                          |                            |
|      | 3D Printing: from Scan to Print (Small Animal)   | \$850                    | \$900                      |
|      | Canine Sports Medicine and Regenerative Medicine (Advanced)  | 1,000                    | 1,050                      |
|      | Challenging Conversations: Skills for Difficult Conversations  | 550                      | 600                        |
|      | CORA-Based Leveling Osteotomy (CBLO): Review of Basic Technique and Advanced Procedures (Small Animal) | 850                      | 900                        |
|      | Mastering Stapling Equipment for GI and Respiratory Surgery (9–11 am) (Small Animal)                   | 400                      | 450                        |
|      | Mastering Stapling Equipment for GI and Respiratory Surgery (1–3 pm) (Small Animal)                    | 400                      | 450                        |
|      | Patellar Groove Replacement for Treatment of Patellar Luxation (Small Animal)                          | 1,150                    | 1,200                      |
|      | Precision and Confidence in Small Animal Abdominal Surgery   | 500                      | 550                        |
|      | Precision and Confidence in Small Animal Surgical Skills   | 500                      | 550                        |
|      | Skin and Muscle Flap Techniques (Small Animal)   | 750                      | 800                        |
|      | TPLO Wet Lab for Small Breed Dogs and Cats (Advanced)  | 1,050                    | 1,100                      |

## **SURGERY SUMMIT ON-DEMAND**

ACVS will record the groupings of Surgery Summit seminars and keynote lectures listed below as four separate recordings and make them available on-demand. Each on-demand recording offers an additional seven hours of continuing education credits.

Advance purchase of these on-demand recordings will allow you to attend other continuing education opportunities that are scheduled at the same time. On-demand recordings will be posted online 14 days after the Surgery Summit. Instructions on how to access the recordings will be provided at that time.

Check preferred on-demand recording and circle fee.

| Equine/Large Animal  |                 |                               | Postmarked<br>by June 26 | Postmarked after June 26 |
|--|-----------------|-------------------------------|--------------------------|--------------------------|
|  |                 | ACVS Diplomate                | \$225                    | \$250                    |
|  | 7 CE<br>credits | ECVS or ACVSMR Diplomate      | 225                      | 250                      |
|  |                 | ACVS Resident                 | 150                      | 175                      |
|  |                 | ECVS or ACVSMR Resident       | 150                      | 175                      |
|  |                 | Student/Intern/Technician     | 150                      | 175                      |
|  |                 | Veterinary/Other Professional | 300                      | 325                      |
|  |                 | ACVS Diplomate                | 225                      | 250                      |
| Saturday  • Seminar: Surgical Strategies for Flexural Deformities  • Seminar: Surgical Management of | 7 CE credits    | ECVS or ACVSMR Diplomate      | 225                      | 250                      |
|  |                 | ACVS Resident                 | 150                      | 175                      |
|  |                 | ECVS or ACVSMR Resident       | 150                      | 175                      |
| Common Equine Foot Diseases  |                 | Student/Intern/Technician     | 150                      | 175                      |
|  |                 | Veterinary/Other Professional | 300                      | 325                      |

## **Small Animal**

| Friday   |              | ACVS Diplomate                           | 225        | 250        |
|--|--------------|--|------------|------------|
| Keynote Lecture: Canine Elbow<br>Surgery—What to Do When You<br>Experience Frustration, Mike<br>Conzemius, DVM, PhD, DACVS | 7 CE         | ECVS or ACVSMR Diplomate                 | 225        | 250        |
|  |              | ACVS Resident                            | 150        | 175        |
| Seminar: Orthopedics: That Was Then,   | credits      | ECVS or ACVSMR Resident                  | 150        | 175        |
| This Is Now  • Seminar: Avoiding Complications and Revision Strategies   |              | Student/Intern/Technician                | 150        | 175        |
|  |              | Veterinary/Other Professional            | 300        | 325        |
|  |              |  |            |            |
|  |              | ACVS Diplomate                           | 225        | 250        |
| Saturday   |              | ACVS Diplomate  ECVS or ACVSMR Diplomate | 225<br>225 | 250<br>250 |
| Saturday  • Seminar: Innovations in MIS Fracture   | 7 CE         |  |            |            |
| Seminar: Innovations in MIS Fracture     Fixation and Joint Surgery  | 7 CE credits | ECVS or ACVSMR Diplomate                 | 225        | 250        |
| Seminar: Innovations in MIS Fracture   |              | ECVS or ACVSMR Diplomate  ACVS Resident  | 225        | 250<br>175 |

| PAYMENT INFORMATION Payment must accompany registration form.   |                        | Yo<br>2-<br>an<br>no                 | EGISTRATION CONFIRMATION but will be sent a confirmation email within -4 weeks after your registration is received and processed by the ACVS office. If you do not receive a confirmation email, contact the CVS office at (301) 916-0200 x105.  |
|---|------------------------|--------------------------------------|--|
| Meeting Registration  | \$                     |                                      | ANCELLATION/CHANGE POLICY  and administrative fee of \$75 will be charged per  |
| Guest Pass(es)  | \$                     | ite                                  | em changed within your registration. A \$75 e will be assessed upon cancellation of full   |
| Legacy Program Guest Pass   | \$                     |                                      | eeting registration.   |
| Legacy Tour Ticket(s) (include guest(s) if applicable)  | \$                     | af                                   | ter the deadlines (laboratories registration<br>ter August 20; meeting registration after<br>eptember 6), cancellation requests will   |
| Proceedings   | \$                     | cir                                  | granted only in cases of extenuating roumstances (e.g., death in the family, medical   |
| Laboratories  | \$                     | dc                                   | nergency) and must be supported by written ocumentation. Please allow 30 days for  |
| Surgery Summit On-Demand  | \$                     |                                      | ocessing refund requests. All refunds and names must be requested in writing:  |
| ACVS Foundation Tax-Deductible Donation (Donate \$50 or more and receive an additional complimentary drink ticket for the Surgery Summit Happy Hour.) | \$                     | 19<br>Ge<br>su                       | CVS<br>0785 Crystal Rock Drive, Suite 305<br>ermantown, MD 20874<br>urgerysummit@acvs.org<br>ux: (301) 916-2287  |
| TOTAL PAYMENT ENCLOSED  |                        | Su                                   | ıbmission of registration indicates  |
| ACVS is a 501(c)(6) tax-exempt organization. Ta   | x Charged: \$0.00      |                                      | reement to comply with the Surgery immit Cancellation/Change Policy.   |
| PAYMENT TYPE  Check Enclosed #  Personal Check  | eons" in US funds only | In Di ma ac wi ma Su wi at AC tp. ca | compliance with the Americans with sabilities Act (ADA) of 1990, ACVS will ake every effort to provide reasonable commodations requested for individuals th disabilities. If you have a disability that ay impact your participation at the Surgery ammit, please include a written statement th your registration regarding your needs least two weeks in advance or contact CVS Conference Manager Teresa Perrell, errell@acvs.org, (301) 916-0200 x103. ACVS annot ensure the availability of appropriate ecommodations without prior notification. |
| Card Type: ☐ Personal Card ☐ Corporat   | e/University Card      | ac                                   | commodations without phor notification.  |
| Card Number   |                        | Security Code (CV                    | /V) Exp. Date (MM/YY)  |
| Cardholder's Name (print)   |                        | Cardholder's Sign                    | ature  |
| Credit Card Billing Address   |                        |                                      |  |
| City State  |                        | Zip/Postal Code                      | Country  |