



Ontario Association of Veterinary Technicians
Professionalism and Ethics Course Registration Form

Name _____ Status (RVT, Pending, AHT, STU, etc.) _____

Address _____

City _____ Province _____ Postal Code _____

Telephone _____ Home _____ Work _____ Fax _____

Email _____

Please indicate status:

Current OAVT Member # _____ Non-Member Full Time VT Student Year of Graduation: _____

Please check one:

SESSION DATE	*REGISTRATION DEADLINE <i>(Must be received prior to deadline)</i>	COST (includes GST)	LOCATION
August 21, 2010	May 30, 2010	\$157.50	Delta Hotel Guelph

****REGISTRATIONS WILL NOT BE ACCEPTED AFTER THE DEADLINE DATE***

Payable to OAVT by	
Certified Cheque, Money Order, Visa or MasterCard	TOTAL \$ _____
Card # _____	
Exp. _____ (mm/yy) (name on card)	
Signature _____	OAVT GST # 131435703 RP 0001

Full refunds will be issued prior to the registration deadline date. Cancellations after the deadline date are subject to \$50.00 administration fee. No refunds will be issued two weeks prior to the course date.

Signature _____ Date _____

Send registration and payment to: OAVT, 100 Stone Road West Suite 104, Guelph, ON N1G 5L3