

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) Nickname for Badge (optional)

License Number (if applicable) State of Licensure 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: 2023 Practice Partner? ☐ Yes ☐ No ACVS Premier Sponsor? ☐ Yes ☐ No

If yes, employer's name: _____

Personal Pronouns for Name Badge (optional)

- ☐ She/her ☐ They/them
☐ He/him ☐ Prefer no pronouns on badge
☐ Other (please specify): _____

Use of Your Information

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.

Exhibitor 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, please visit the registration desk to discuss the availability of specific aids or services.

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 \$770
- ☐ 2023 New ACVS Diplomate 670
- ☐ ECVS Diplomate 770
- ☐ ACVAA Diplomate 770
- ☐ ACVS Emeritus Diplomate Full Program 335
- ☐ ACVS Resident 470
- ☐ ECVS Resident 470
- ☐ ACVAA Resident 470
- ☐ Veterinary/Other Professional 785
- ☐ AVTAA Technician 470
- ☐ Technician 470
- ☐ Student/Intern 420

One-day meeting registration

- | | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday |
|--|-----------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> ACVS Diplomate | | | \$415 |
| <input type="checkbox"/> ECVS Diplomate | | | 415 |
| <input type="checkbox"/> ACVAA Diplomate | | | 415 |
| <input type="checkbox"/> ACVS Resident | | | 290 |
| <input type="checkbox"/> ECVS Resident | | | 290 |
| <input type="checkbox"/> ACVAA Resident | | | 290 |
| <input type="checkbox"/> Veterinary/Other Professional | | | 465 |
| <input type="checkbox"/> AVTAA Technician | | | 265 |
| <input type="checkbox"/> Technician | | | 265 |
| <input type="checkbox"/> Student/Intern | | | 290 |

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- ☐ Exhibit Hall/Reception Guest (**provide name below**) \$160
Includes exhibit hall breaks, lunches, Scientific Poster Reception, and the Surgery Summit Happy Hour only
 - ☐ Surgery Summit Happy Hour Guest (**provide name below**) 55
 - ☐ ACVS Emeritus Diplomate Select Programs Only 100
Includes Mark W. Allam Lecture and Awards Ceremony, ACVS Diplomates' Annual Business Meeting, exhibit hall breaks, lunches, Scientific Poster Reception, and Surgery Summit Happy Hour only
 - ☐ 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