



AVM Membership Application & Meeting Registration

Name: _____

Institution: _____

Mailing Address: _____

City/State/Zip: _____

Business Phone: _____

FAX: _____

E-mail address: _____

Field of interest: _____

I have enclosed payment of \$20 for AVM membership. I understand that this covers membership for the current fiscal year, which ends with the annual AVM meeting. Year 2008-2009

I have enclosed payment of \$15.00 for meeting Pre-Registration. Deadline for meeting Pre-Registration is August 25, 2008..

* Registration fee at the meeting is \$25.00.

Checks made payable to "AVM" may be sent to :

**Lisa Willis
Breathitt Veterinary Center
715 North Drive, Box 2000
Hopkinsville, KY 42241**