ISVMA's 2025
Virtual Convention Registration Form

Register one person per form. For additional registrants, please copy form. *Please print.*

Full name: _____ Credentials_____
(Print name as you want it to appear on your name badge.) (i.e., DVM, CVT, DAVCR, etc.)

Business name: _____ Address: _____

City: _____ State: _____ ZIP: _____ Phone: _____ Fax: _____

Email address: _____ (Email address is for office use only and will not be forwarded or sold.)

For Veterinarians and CVTs:

College: _____

Year of Graduation: _____

- ☐ DVM Owner
- ☐ DVM Industry
- ☐ DVM Associate
- ☐ DVM Retired
- ☐ DVM Faculty or Academic
- ☐ DVM Other
- ☐ CVT

CE Hours Requested

Please indicate how many hours you wish to earn:

- ☐ 7 hours
- ☐ 14 hours
- ☐ 21 hours

For Students:

College: _____

Year of Graduation: _____

- ☐ DVM Student
- ☐ CVT Student

*Students attending the ISVMA Annual Convention are welcome in any of the sessions presented. Students may attend one Annual Convention at no charge once during their veterinary school career. To attend at no charge, contact the ISVMA Office at (217) 546-8381 to register. A credit card number or a check is required for students who are taking advantage of their complimentary registration. The ISVMA will hold all forms of payment. Credit Cards will not be charged; checks will not be cashed. If the student does not check-in at convention registration, all forms of payment will be processed. No-shows will be charged.

All Other Attendees:

- ☐ Practice Manager
- ☐ Practice Personnel
- ☐ Guest Name: _____
- ☐ Other: _____

Registration Fees Total

Registration Fee $ _____

Convention Proceedings Flash Drive ($40) $ _____

TOTAL DUE $ _____

ISVMA
ILLINOIS STATE VETERINARY MEDICAL ASSOCIATION

Method of Payment

Register Online:

- ☐ Check enclosed.
- ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Card number: _____ V-code (on card back): _____ Expiration date: _____ Zip Code: _____

Cardholder name (Please print): _____ Signature: _____Date: _____

Please mail this completed form with payment to: **Illinois State Veterinary Medical Association**
1121 Chatham Road, Springfield IL 62704

Fax credit card information and registration forms to (217) 546-5633. (If you fax, you do not need to mail this form.)

Questions? Call the ISVMA Office at (217) 546-8381.