



American Association of Veterinary Parasitologists
61st Annual Meeting Registration Form
August 6-9, 2016
The Westin Riverwalk Hotel
420 West Market Street
San Antonio TX

PLEASE PRINT (Badge name, city and state will be printed from this information; please print clearly or type)

Name _____
First MI Last

Institution/Business Affiliation _____

Address _____

City _____ State/Country _____ ZIP _____

Telephone No. _____ Email _____

Accompanying Spouse: yes (name) _____
 no

Registration Fee:

General: Received **by** July 5, 2016 = \$225.00 ; Received **after** July 5, 2016 or on-site = \$300.00.

Students: Received **by** July 5, 2016 = \$75.00; Received **after** July 5, 2016 or on- site = \$125.00.

Make check payable (U.S. funds only) to the American Association of Veterinary Parasitologists or AAVP.

Return this completed form and check to:

Dr. Doug Carithers
Secretary/Treasurer, AAVP
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(678) 638-3837
email: doug.carithers@merial.com