

REGISTRATION FORM

**FIFTH INTERNATIONAL VETERINARY VACCINES AND DIAGNOSTICS CONFERENCE
MADISON, WI
July 19-23, 2009**

Name: _____

Title: _____

Address: _____

Telephone: _____ **Fax:** _____

Email address: _____

Cost: REGISTRATION **\$650.00** USD
STUDENT REGISTRATION **\$350.00** USD
**(In order to receive discounted STUDENT registration - a letter
is required from the student's major professor or department
chair indicating student status)**

This fee includes:

- Admission to the full scientific program
- Beverage and snack breaks each morning and box lunch
- One copy of the course proceedings

Payment method

_____ Check enclosed (Make checks payable to the
"University of Wisconsin" in US dollars)

_____ VISA/MasterCard

Name as it appears   on card: _____

Credit card number: _____

Expiration date: _____ - _____

Signature: _____

Mail this registration form to:

Ms. Janelle Manning
Dept of Pathobiological Sciences
School of Veterinary Medicine
University of Wisconsin-Madison
2015 Linden Dr.
Madison, WI 53706

FAX registration form to:

Ms. Janelle Manning
608 263 0438

EMAIL registration form to:

IVVDC@vetmed.wisc.edu