New Jersey Veterinary Medical Association

17TH ANNUAL NJVMA ANIMAL HALL OF FAME LUNCHEON
2012 REGISTRATION FORM

EVENT	On or Before February 3rd	After February 3rd	Number of Tickets
NJVMA ANIMAL HALL OF FAME LUNCHEON Sunday, March 4th from Noon - 2:00 pm	**$35.00**	**$45.00**	_____

ATTENDEE NAMES - Please provide the FULL NAME of each Attendee

NAME _____ NAME _____

NAME _____ NAME _____

NAME _____ NAME _____

NAME _____ NAME _____

PAYMENT INFORMATION **NJVMA Federal Tax ID: 22-3234623**

PRIMARY CONTACT NAME _____ E-MAIL ADDRESS *(required)* _____

PRACTICE NAME/ORGANIZATION _____ CONTACT PHONE _____

BILLING ADDRESS _____ CITY/STATE/ZIP _____

☐ **CHECK** (made payable to NJVMA) ☐ **Visa** ☐ **MC** ☐ **Amex** ☐ **Discover**

CC NUMBER_____ EXP. _____ GRAND TOTAL $_____

CARDHOLDER NAME_____ SIGNATURE_____

CONFIRMATION & EVENT CHECK-IN

Tickets will be available for pick-up beginning at 8:00 am on Sunday, March 4th. Please check-in at the NJVMA Registration Desk at the Hamilton Park Hotel & Conference Center. Tickets will be held under the name of each individual listed on this form. A confirmation email will be sent to the Primary Contact's email address provided in the Payment Information section of this form.

Visit www.hamiltonparkhotel.com for directions to the event.

Contact the NJVMA Headquarters with any questions at info@njvma.org or (908) 281-0918.

For more information on the NJVMA Animal Hall of Fame, visit our website www.njvma.org/animalhalloffame.aspx.

Return the completed form by email, fax, or mail OR register online at www.njvma.org

New Jersey Veterinary Medical Association

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