



Saskatchewan Association of Veterinary Technologists, Inc

28TH CONFERENCE AND ANNUAL GENERAL MEETING - NOVEMBER 2-4, 2012

BOOTH APPLICATION FORM

| | | |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------|
| NAME: | | |
| | (FIRST) | (LAST) |
| ADDRESS: | | |
| | (BOX/STREET) | (TOWN/CITY) (POSTAL CODE) |
| PHONE NUMBER: | | CELL NUMBER: |
| EMAIL ADDRESS: | | |
| <input type="checkbox"/> | I do not have email and/or I don't regularly use email. | |
| BUSINESS/EMPLOYER'S NAME: | | |
| BUSINESS/EMPLOYER'S ADDRESS: | | |
| CITY/PROVINCE: | | POSTAL CODE: |
| BUSINESS/EMPLOYER'S PHONE: | | FAX: |
| CREDIT CARD (your card will not be charged unless damaged or not returned) | | |
| <input type="checkbox"/> | if damaged or not returned.....maximum fine of \$1,000.00 | |
| SAVT will ship out, but applicant is responsible for paying to ship back to SAVT office | | |
| <input type="checkbox"/> | MasterCard | <input type="checkbox"/> Visa |
| NAME ON CARD: | | |
| CREDIT CARD #: | | EXP: <i>month/yr</i> |
| May we contact you to volunteer for events in your area? <input type="checkbox"/> YES <input type="checkbox"/> No | | |
| LENGTH OF TIME REQUIRED: | | |
| PROMOTIONAL EVENT: | | |
| CITY/PROVINCE: | | |

I agree use the booth for SAVT /RVT/RAHT/promotional purposes only.

I agree to return within a week of promotional event ending.

I agree to pay shipping back to SAVT Office

I acknowledge that I am able to claim CE credits for promotional events-please submit on CE form.

Signed: _____ Date: _____

SAVT PO Box 346 RPO University, Saskatoon, SK S7N 4J8

Toll Free P: 866-811-7288, P: 306-931-2957, F: 855-861-6255

Email: savt@savt.ca - Website: www.savt.ca