



IAATE Conference Registration

February 22-25, 2017



Register Online at www.iaate.org

PLEASE PRINT CLEARLY

Please use one form per person

Duplicate as needed

LAST NAME	FIRST NAME (For name badge)	AFFILIATION (For name badge)	
ADDRESS	CITY	STATE/PROVINCE	ZIP
PHONE	FAX	EMAIL	

CPBT-KA: Paper sessions and workshops are eligible for CEUs necessary for maintaining certification. Please check website for a list of available credits.

Registration Fees

<i>Postmarked</i>	<i>Before 1/1/2017</i>	<i>After 1/1/2017</i>
Member	___\$250	___\$275
Non-Member	___\$350	___\$375
Student*	___\$195	___\$195

*Proof of student status required with registration.

Payment (Cancellation Fee \$25.00. No refunds after 1/25/17)

Registration fee	\$ _____
Pre-conference Trip (\$35)	\$ _____
Full-day Workshop (\$50)	\$ _____
Workshop(s) (\$10 each)	\$ _____
Workshop (Zoo) (\$20)	\$ _____
Membership Renewal (\$65 or \$30)	\$ _____
Flashdrive of Papers Presented (\$15)	\$ _____
Purchased Vulture Shirts	\$ _____

Please renew my membership (check level below)

___ Professional (\$65) ___ Active (\$65) ___ Associate (\$65) ___ Student (\$30)*

Optional Events: (Cost is NOT included with registration fee.)

Wednesday Pre-Conference Events

(Note these events run concurrently, you cannot select both)

- ___ Full Day Training Workshop (\$50)
 ___ Georgia Aquarium/World of Coke (\$35)

Workshops at hotel (\$10 each)

Workshops run concurrently. You can only do one per session Please indicate 1st & 2nd choice for each session.

- Thurs P.M. ___ Fri P.M. ___ Perfect Presentation (max 30)
 Thurs P.M. ___ Fri P.M. ___ Educating the Flock (max 30)
 Thurs P.M. ___ Fri P.M. ___ Engaging Enrichment (max 30)

Workshops at Zoo (\$20 each)

Workshops run concurrently. You may only do one.

- Fri A.M. ___ Raptor Care: Restraint and Coping (max 25)
 Fri A.M. ___ Perching for Health and Welfare (max 25)

Do you need help to locate a roommate? ___ Male ___ Female

Complimentary Conference T-shirt Size: ___S ___M ___L ___XL

I will attend (Cost incl. in registration fee): ___Icebreaker ___Zoo Day ___Banquet ___Poster Session Lunch ___Open Board Mtg Lunch

Send this form with payment to:

Cassie Malina 414 Broadway Ave. Orlando, FL 32803	Please email or call with questions. Phone: (407) 808-9254 Fax registrations to: (407) 938-0849 ATTENTION: CASSIE MALINA Email registrations to: cfo@iaate.org
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Payment Total Enclosed

Note: only walk-in registrations accepted after 1/25/17.

Make checks payable to: IAATE or charge my credit card:

\$ _____ (___ Mastercard ___ Visa)

Card Number _____

Expiration Date (MM/YY) _____

Security Code (3 numbers to the right of _____

signature space on back of card)

Name as it appears on card: (please print) _____

Signature: _____

Include credit card billing address if different from above.

International Members may use a credit card or send a check or money order in US funds at the correct exchange rate.