

**Southern Illinois
Veterinary
Medical
Association**

**Advance
Registration
Deadline:
March 22, 2010**

The officers of the SIVMA wish
to thank Megan Baucom for
organizing the
Distributor's Display.

New for 2010!
Payment by credit
card now offered!

Register online at
www.isvma.org
~ OR ~
Fax completed form to
(217) 546-5633

Questions? Contact:

ISVMA
1121 Chatham Road
Springfield IL 62704
info@isvma.org
(217) 553-5633



Southern Illinois Veterinary
Medical Association
1121 Chatham Road
Springfield IL 62704



**2010
Spring Meeting**

**Tick Borne Disease
and Zoonoses
Allan J. Paul, DVM, MS**

**Thursday
April 1, 2010**

Ramada Inn Fairview Heights
6900 North Illinois
Fairview Heights, IL 62208

2010 Spring Meeting

Southern Illinois Veterinary Medical Association

Meeting Agenda

Note new schedule!

8:00am—9:00am	Registration/ Coffee and donuts
9:00am—10:00am	Tick Biology <i>Dr. Allan Paul</i>
10:00am—10:15am	Refreshment Break
10:15am—12:15pm	Tick Borne Disease Canine Heartworm Update <i>Dr. Allan Paul</i>
12:15pm—1:30pm	Lunch & Business Meeting
1:30pm—3:00pm	Feline Heartworm Update Zoonotic Disease <i>Dr. Allan Paul</i>
3:00pm—3:15pm	Refreshment Break
3:15pm—4:30pm	Zoonotic Disease/ Case Studies <i>Dr. Allan Paul</i>

The SIVMA Board wishes to thank
Merial
for sponsoring today's speaker.

Meeting Speaker

Allan J. Paul, DVM, MS
*University of Illinois
College of Veterinary Medicine
Associate Dean for Public Engagement
Urbana IL 61802
217.333.2907 ajpaul@illinois.edu*

Associate Dean for Public Engagement
Professor of Veterinary Parasitology
Division Chair Parasitology
Section Head Diagnostic Parasitology
Editor of the American Heartworm Society

Pre-Registration Deadline

All registrants will be processed
on-site after deadline.

March 22, 2010

Meeting Place

Ramada Inn Fairview Heights
6900 North Illinois
Fairview Heights, IL 62208
618/ 632-4747
www.ramadafairviewheights.com/hotelhome/

Continuing Education Hours

Attendance qualifies for 6 hours CE

2010 Spring Meeting ~ SIVMA

REGISTRATION:

Name _____

Address _____

Address _____

City/State/Zip _____

Daytime Phone _____

Email Address _____

REGISTRATION FEES: *(Includes Lunch)*

SIVMA Member \$ _____

\$ 75 Prior to March 22, 2010

\$ 95 On-Site

SIVMA Non-Member \$ _____

\$ 110 Prior to March 22, 2010

\$ 130 On-Site

Retired DVM \$ _____

\$ 20 Prior to March 22, 2010

\$ 25 On-Site

**Spouse, Veterinary Technician
and Staff** \$ _____

\$ 30 Prior to March 22, 2010

\$ 40 On-Site

Sales Representative \$ _____

\$ 35 Prior to March 22, 2010

\$ 45 On-Site

Total Fees Owed \$ _____

PAYMENT

To remit by check, send this form with payment to
SIVMA Spring Meeting
1121 Chatham Road, Springfield IL 62704

To submit payment by credit card, fax to 217.546.5633 or
mail to address above.

Select one: MasterCard _____ VISA _____

Account # _____

Exp. Date _____ Three Digit Code _____

Cardholder's Name _____

Cardholder's _____

Signature _____

Billing Address _____

(if different than above) _____