44th WORLD SMALL ANIMAL VETERINARY ASSOCIATION CONGRESS
Toronto, Canada | 16-19 July 2019

PRESS REGISTRATION FORM

Business Card

IDENTIFICATION

Please complete this section accurately. The information you provide will allow us to correspond with you efficiently.

Participant

Family Name | Initials | First Name

Title ☐ Prof. ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms

E- Mail Address_____@_____ Mobile phone: _____

Country code / mobile number

Billing Address

Institute | Dept.

No. | Street | Suite/Apt.

City | State/Province | Country | Postal code

Telephone (office hours): Country code/city code/number | Fax: Country code/city code/number

You and Your Privacy please note that companies may be offered the opportunity to hold Satellite Symposium at this specific event.
As a Congress registrant, your mailing details may be forwarded to companies organizing Satellite Symposia. Companies receiving your mailing details will be permitted to use your details one time only for the purpose of sending you Satellite Symposia invitations. Under the Laws of Privacy, you are entitled to object at any time to the processing and usage of your mailing details.

☐ I DO NOT wish my details to be forwarded to companies organizing satellites.

REGISTRATION FEE

- PRESS EXEMPT – FULL REGISTRATION*

*Please send your registration form together with a copy of your press ID and/or written confirmation from your work place

Date _____ Signature _____