



2011 NEAEP AAEVT Program

NORTHEAST ASSOCIATION OF EQUINE PRACTITIONERS

Day	Time	Speaker	Topic	Sponsor	Location
WEDNESDAY	noon				Eppington Rm
THURSDAY	7am-5pm		Registration		
	7am-8am		Beverage Service with NEAEP		Marketplace
	8am-5:30pm		Attendees may attend NEAEP program		
	1pm-2:30pm		Lunch with NEAEP		Marketplace
	3:30pm-5pm		AAEVT Practice Management roundtable	ISPAH	Merrimac Rm
	5:30pm-6:30pm		Cocktail Reception with NEAEP		Marketplace
	6:30pm-8:30pm		AAEVT Dinner reception and Silent Auction	BI	Riverview Rm
FRIDAY	7am-8am		Registration		
	7am-8am		Beverage Service with NEAEP		Marketplace
	8am-8:50am	Dr. T Divers	Break Down of a Neuro Exam	Butler Schein	Merrimac Rm
	9am-9:50am	Sponsor Hour	Industry Disease & Product updates	ISPAH, Bayer, Merial, Adequan	Merrimac rm
	10am-10:50am	Dr. D Peters	Regenerative therapies for the Sport Horse	Adequan	Merrimac Rm
	11am-11:50am	Dr. L Bidwell	Anesthesia and Sedation during Dystocia	Pfizer	Merrimac Rm
	12am-12:50am	Dr. P Morresey	Caring for the Sick Foal	Merial	Merrimac Rm
	1pm-2:30pm		Lunch with NEAEP		Marketplace
	2:30pm-3:20pm	Dr A Desrochers	Tools to Identify Cardiac Disease in the Horse	Universal	Merrimac Rm
	3:30pm-4:20pm	Dr. J Snyder	Lameness	Adequan	Merrimac Rm
	4:30pm-5:20pm	Dr. K Burke	Wound Management Tips	Bayer	Merrimac Rm
6:30pm-8pm		Cocktail Party with NEAEP & Tour of USS Wisconsin		Nauticus Center	
SATURDAY	7am-7:30		Travel To Labs	Dominion Equine	
	7:30am-8am		Sponsor Breakfast	Milburn/MWI	
	8:00am-10:00am	Dr. L Bidwell	Field Anesthesia (all participants)	Pfizer	
	10:00am-12:00pm	Dr. Desrochers / Dr. True	Cardiac Ultrasound / Dental Radiology	Universal	
	12:00pm-1:00pm	Sponsored Lunch	Dechra Demo (all participants)	Dechra	
6:30pm-9pm		Cocktail Party & Bull riding fundraiser with NEAEP			

AAEVT NEAEP Registration

NORTHEAST ASSOCIATION OF EQUINE PRACTITIONERS



Deadline for receipt of mailed registration forms is September 23, 2011. Mail at least 5 days prior to deadline to insure receipt. After this date please call or fax. Registration is limited so register early.

Full Name: _____ Designation: _____

Street Address: _____ City: _____

State: _____ Country: _____ Postal Code or Zip: _____

Employer: _____

Phone: _____ Fax: _____

Email: _____

Member Number: _____ Please check if you are enrolled in the On-line Certification Program: _____

(Check one)	Member	Non – Member	Student
Lectures and Labs (Includes scheduled meals, supplies and transportation.)	<input type="checkbox"/> \$200	<input type="checkbox"/> \$400	<input type="checkbox"/> \$100
Lectures Only (Includes scheduled meals and transportation.)	<input type="checkbox"/> \$125	<input type="checkbox"/> \$225	<input type="checkbox"/> \$50
Wet Labs Only – Limited to 50 (Includes supplies and transportation.)	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200	<input type="checkbox"/> \$50
Attend NEAEP DVM sessions	<input type="checkbox"/> TH 65.00	<input type="checkbox"/> SA 65.00	(FR is included in AAEVT Registration)

On - site registration add \$50.00 Any cancellations will have a processing fee of \$ 25.00

Students: Technician program enrolled in _____

Students must bring proof of enrollment

Payment Method: Check Enclosed: Check # _____ Amount: _____

Credit Card: _____ Visa _____ MasterCard

Card Number: _____ Card Expiration: _____

If Cardholder is different than attendee: Name on Card: _____

Billing Address for Card: _____

By registering for these Wet labs I understand the risks involved and do hereby release and hold harmless the AAEVT and the host clinic from any and all liability claims.

_____ (Please initial)

Return your Registration by Fax to 760-301-0349 or mail to:

Deb Reeder, RVT 539 Wild Horse Lane, SanMarcos, CA 92078

Any questions, please contact Emily Bashton ebashton@vt.edu or Deb Reeder,

RVT at (214) 505-1548 DBReeder@gmail.com. **Please use NEAEP Symposium on subject line.**