IVECCS 2005

11th INTERNATIONAL VETERINARY EMERGENCY & CRITICAL CARE SYMPOSIUM

ATLANTA, GEORGIA SEPTEMBER 7 – 11, 2005

_____AGREES TO SPONSOR THE
(company name)

FOLLOWING IVECCS 2005 EVENTS (*see sponsorship options listing*)

A. LECTURES / LABORATORIES / LIMITED ENROLLMENT SESSIONS: (The complete IVECCS program will be available approximately January 1st and forwarded for you to make specific topic module selections)

	Course Title or Topic Module	**Course No(s).**	**Amount**
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

B. RECEPTIONS, PROCEEDINGS, PROMOTIONAL ITEMS, OTHER EVENTS (please list)

	Event	**Amount**
1.	_____	_____
2.	_____	_____
3.	_____	_____

C. GENERAL SCIENTIFIC PROGRAM (unspecified support to general program)

Apply my donation of $_____to help underwrite the IVECCS General Program

TOTAL AMOUNT OF SPONSORSHIP PLEDGE: ***A + B + C =$_____***

Make checks payable to VECCS and mail as directed below, or

Payment by Credit card: ❑ Visa ❑ MC ❑ Amex Expiration Date: _____

Card #: /___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/_____

Signature: _____

Name (authorized official-please print): _____
Signature *(if different from above)* _____
Title: _____
Address: _____
City: _____State: _____Zip: _____
Phone: _____Fax: _____email _____

Return this form immediately to insure selected events are available. Address questions and correspondence to:

Dr. Gary L. Stamp,
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