





February 5-7, 2026 — EMBASSY SUITES, NOBLESVILLE, IN 2026 CROSSROADS VETERINARY CONFERENCE (CRVC) REGISTRATION FORM SAVE \$50 IF YOU REGISTER BEFORE JANUARY 15, 2026					
Address:	С	ity:	9	State:	Zip:
Cell Phone:	Е	mail:	•		
Please submit registration form via email to lourdes@invma.org or mail to: IVMA 125 West Market Street, Suite 300 Indianapolis, IN 46204. Online registration is also available at www.invma.org. Please read the cancellation policy below. By submitting a registration, you agree to the cancellation policy!					
VETE	RINARIAN RE	GISTRATION			
==\$460 Early Bird Rate - IVMA Member 3 Day Re	gistration - A	After January 15, 2	026, \$510		
\$460 Early Bird Rate - Member of your State's VMA 3 Day Registration - After January 15, 2026, \$510					
\$240 Early Bird Rate - Life / Sustaining Member 3 Day Registration - After January 15, 2026, \$290					
\$240 Early Bird Rate - New Graduate & Recent Graduate Member 3 Day Registration - After January 15, 2026, \$290					
\$750 Early Bird Rate - Non-Member 3 Day Registration - After January 15, 2026, \$800					
\$275 Early Bird Rate - IVMA Member 1 Day Registration - After January 15, 2026, \$325					
\$375 Early Bird Rate - Non-Member 1 Day Registration - After January 15, 2026, \$425					
\$750 Early Bird Rate - Renew Your IVMA Membership Through June 30, 2027 - After January 15, 2026, \$800					
\$750 Early Bird Rate - Join IVMA & Receive Membership Through June 30, 2027 - After January 15, 2026, \$800					
If you are a 1 Day registrant, please indicate which day you will be attending: Thursday PM & Friday 🔲 Saturday 🗔					
REGISTERED VETERINARY TECHNICIAN - VE	TERINARY AS	SSISTANT - STAF	F REGISTRA	TION - PRACTICE	MANAGER
Registered Veterinary Technician	rinary Assista	nt Pra	ctice Manage	r	eff
\$255 - 3 Day Registration - After January 15, 2026, \$305 \$135 - 1 Day Registration - After January 15, 2026, \$185					
If One Day, Please indicate which day you will be attending the conference: Thursday PM & Friday Saturday					
GUEST REGISTRATION					
Guest Registration 3 Day Pass \$60 (Per Pass) Number of Guests: Total Cost: \$					
Guest Name:	Friday Lunch T	unch Ticket \$45 Saturday Lunch Ticket \$45			
EVENT TICKETS					
Crossroads Meeting Kick-off IVMA Keynote Speaker Event - Thursday, February 5, 2026, 7-9 pm (2 hours of CE)					
Yes, I will attend. No, I will not attend.					
Friday Boxed Lunch - Friday, February 6, 2026 (INCLUDED IN REGISTRATION FEE)					
Yes, I would like a boxed lunch. No, I would not				egetarian option.	
Saturday Boxed Lunch - Saturday, February 7, 2026 (INCLUDED IN REGISTRATION FEE) Yes, I would like a boxed lunch. No, I would not like a boxed lunch. I would like a vegetarian option.					
PAYMENT INFORMATION					
Conference Registration: \$ + Guest Registration(s) \$ = \$ Total Amount Due					
Payment Information: Total Due: \$ Check# Credit Card #					
Credit Card: Master Card – Visa – American Express – I		CVV# Expiration Date:			
Name on Card: Same as above					
Billing Address: City:				State:	Zip: