

2018 RECORD OF SESSIONS



**90th ANNUAL
CONFERENCE**

MARCH 4-8, 2018
LAS VEGAS, NV

March 4-8, 2018
Mandalay Bay Convention Center, Las Vegas, NV

WVC
2425 East Oquendo Road ▶ Las Vegas, Nevada 89120
702.739.6698 ▶ 866.800.7326

To document Conference participation for your State Board (if necessary), record each CE session you attended. I hereby certify that _____ of _____ registered as a participant at the WVC 90th Annual Conference.

Anthony Pease, DVM, MS, DACVR
Chief Veterinary Medical Officer, WVC

AT THE WVC 90TH ANNUAL CONFERENCE, I ATTENDED THE FOLLOWING:

DATE	TITLE OF PRESENTATION & SESSION #	LECTURE, WORKSHOP, OR HANDS-ON LAB [Circle One]	SPEAKER	HOURS ATTENDED
1	_____	L W HOL	_____	_____
2	_____	L W HOL	_____	_____
3	_____	L W HOL	_____	_____
4	_____	L W HOL	_____	_____
5	_____	L W HOL	_____	_____
6	_____	L W HOL	_____	_____
7	_____	L W HOL	_____	_____
8	_____	L W HOL	_____	_____
9	_____	L W HOL	_____	_____
10	_____	L W HOL	_____	_____
11	_____	L W HOL	_____	_____
12	_____	L W HOL	_____	_____
13	_____	L W HOL	_____	_____
14	_____	L W HOL	_____	_____
15	_____	L W HOL	_____	_____
16	_____	L W HOL	_____	_____
17	_____	L W HOL	_____	_____
18	_____	L W HOL	_____	_____
19	_____	L W HOL	_____	_____
20	_____	L W HOL	_____	_____
21	_____	L W HOL	_____	_____
22	_____	L W HOL	_____	_____
23	_____	L W HOL	_____	_____
24	_____	L W HOL	_____	_____
25	_____	L W HOL	_____	_____
26	_____	L W HOL	_____	_____
27	_____	L W HOL	_____	_____

SEE REVERSE FOR ADDITIONAL LINES

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DATE	TITLE OF PRESENTATION & SESSION #	LECTURE, WORKSHOP, OR HANDS-ON LAB (Circle One)	SPEAKER	HOURS ATTENDED
28	_____	L W HOL	_____	_____
29	_____	L W HOL	_____	_____
30	_____	L W HOL	_____	_____
31	_____	L W HOL	_____	_____
32	_____	L W HOL	_____	_____
33	_____	L W HOL	_____	_____
34	_____	L W HOL	_____	_____
35	_____	L W HOL	_____	_____
36	_____	L W HOL	_____	_____
37	_____	L W HOL	_____	_____
38	_____	L W HOL	_____	_____
39	_____	L W HOL	_____	_____
40	_____	L W HOL	_____	_____
41	_____	L W HOL	_____	_____
42	_____	L W HOL	_____	_____
43	_____	L W HOL	_____	_____
44	_____	L W HOL	_____	_____
45	_____	L W HOL	_____	_____
46	_____	L W HOL	_____	_____
47	_____	L W HOL	_____	_____
48	_____	L W HOL	_____	_____
49	_____	L W HOL	_____	_____
50	_____	L W HOL	_____	_____
51	_____	L W HOL	_____	_____
52	_____	L W HOL	_____	_____
53	_____	L W HOL	_____	_____
54	_____	L W HOL	_____	_____
55	_____	L W HOL	_____	_____
56	_____	L W HOL	_____	_____
57	_____	L W HOL	_____	_____

PLEASE CHECK WITH YOUR RESPECTIVE STATE REGARDING THE ACCEPTANCE OF HOURS SPENT INSIDE THE EXHIBIT HALL FOR CONTINUING EDUCATION CREDIT AND RECORD BELOW.

3/5/18 _____ HRS 3/6/18 _____ HRS 3/7/18 _____ HRS

Signature of Attendee

Date

