

2015 RECORD OF SESSIONS



February 15-19, 2015  
Mandalay Bay Convention Center, Las Vegas, NV

Western Veterinary Conference  
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 87th Annual Western Veterinary Conference.

Don Waldron, DVM, DACVS  
Chief Veterinary Medical Officer, WVC

AT THE 87TH ANNUAL WESTERN VETERINARY 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	_____	_____

SEE REVERSE FOR ADDITIONAL LINES

# 2015 RECORD OF SESSIONS

DATE	TITLE OF PRESENTATION & SESSION #	LECTURE, WORKSHOP, OR HANDS-ON LAB (Circle One)	SPEAKER	HOURS ATTENDED
26	_____	L W HOL	_____	_____
27	_____	L W HOL	_____	_____
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	_____	_____

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

2/16/15 \_\_\_\_\_ HRS    2/17/15 \_\_\_\_\_ HRS    2/18/15 \_\_\_\_\_ HRS

\_\_\_\_\_  
Signature of Attendee

\_\_\_\_\_  
Date

