

## **Registration Form**

Save money! Register by July 7, 2025. Complete and submit a registration form for each participant. All SVU 2025 Annual Conference registrations must be prepaid by credit card or a check (drawn on a U.S. bank, net of all bank charges).

## **REGISTRATION INFORMATION**

Name:				$\_\Box$ Mr. $\Box$ Mrs. $\Box$ Ms.
□Dr.				
Degrees/Credentials:		Job Title:		
Institution:		Email:		
Special needs due to disabili	ty or special meal request: [	∃Yes ⊟No		
Address:				
	S			
ADDITIONAL INFORMATION Please check if this applies to				
		□CCI #:		
		tion and Application		
□Non-Member □Ser	-			
Check here to opt-out of re	-	ence exhibitor email	S	
ANNUAL CONFERENCE RE Fees are listed: Early Rate or		ular Rates apply as	of July 8, 2025.	
	Early Bird /Regular Fee	One Day Rate	Select Day	
SVU Member	\$675/\$750	\$325/\$400	Thursday	
□ Non-Member	\$775/\$850	\$375/\$450	🛛 Friday	
Student Member	\$125/\$150	\$95/\$115	🗌 Saturday	
Student Non-Member	\$150/\$175	\$115/\$135		
Fellow	\$350/\$400	\$200/\$225		



Total				
Payment information must be completed for registration form to be accepted.				
□ Check Enclosed (check payable to "SVU" drawn on a US Bank, net of all bank charges)				
□ Credit Card □ MasterCard □ Visa □ American Express				
Credit Card Number:	Expiration Date:			
Billing Zip: Signature:				

Please mail this form to SVU via 1601 Utica Ave. S., Suite 213, Minneapolis, MN 55416 (Check payments only) Fax form to (651) 290-2266 (credit card payments only)

Confirmation: Written confirmation will be issued once paid registration is received.

*Refunds:* All requests for refunds must be in writing. Requests received by July 7, 2025, are subject to a \$100 cancellation fee. No refunds will be issued for cancellations received beginning July 8, 2025; only credit toward a future SVU educational program within 12 months.

Substitutions: if the registrant is unable to attend, substitutions are welcome and can be made at anytime, including onsite.