



MVCAC
Mosquito and Vector Control Association of California

93rd Annual MVCAC Conference

January 26-29, 2025 | Oakland Marriott

Check the type of registration
you are applying for

**Early Bird
Registration**
(available until Dec. 20)

Regular Registration
Dec 20 - Jan 10

Onsite Registration
(available onsite only)

<input type="checkbox"/>	Full Registration	\$450	\$480	\$500
<input type="checkbox"/>	Full Registration - non members	\$825	\$855	\$875
<input type="checkbox"/>	Full Registration without a banquet	\$400	\$430	\$450
<input type="checkbox"/>	Non Member no banquet	\$750	\$780	\$800
Technician/Student/CDPH:				
<input type="checkbox"/>	Non Member Tech (no banquet)	\$350	\$380	\$400
<input type="checkbox"/>	Both Days - Tech/Student/ CDPH (no banquet)	\$275	\$305	\$325
<input type="checkbox"/>	Monday only - Tech/Students/CDPH	\$225	\$255	\$275
<input type="checkbox"/>	Tuesday only - Tech/Students/CDPH (no banquet)	\$180	\$210	\$220
Additional Registrations				
<input type="checkbox"/>	Guest all days and banquet (includes lunch)	\$310	\$340	\$360
<input type="checkbox"/>	Guest all days no banquet (includes lunch)	\$250	\$280	\$300
<input type="checkbox"/>	Honorary Members Sunday and Monday (no banquet)	\$275	\$305	\$325
<input type="checkbox"/>	Honorary Members Tuesday only (includes banquet)	\$225	\$255	\$275

Optional items:

<input type="checkbox"/>	Trustee Training *Please note, the trustee session is in addition to the regular registration fees. Trustees MUST be registered for the conference, with the trustee session additional if they choose to attend.	\$125	\$155	\$175
<input type="checkbox"/>	Outrunning Mosquitoes 5K	\$30	\$40	\$50

TOTAL

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Name: _____
Email: _____ District: _____
Title: _____
Guest name (if applicable): _____

Please list if you have any food allergies:

If you require reasonable accommodations to participate in this event, please let the MVCAC office know.

Payment Information

Payment must accompany registration form for processing.

Payment enclosed in the amount of \$ _____

Payment Options

Check # _____ Visa Mastercard American Express Discover

Name on Card: _____

Card Number: _____ Expiration: _____ Security Code: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Authorized Signature _____

Refund Policy

MVCAC will retain a \$25 processing fee for any cancellations. For those received after 5 p.m., January 10, 2025, no refunds will be considered.

Required Opt Out information per State of California

- 1. I understand that by participating in this CSA event I consent to sharing my data and contact information with MVCAC event partners. These partners may include exhibitors of companies that are supporting our event. If you do not want to consent to sharing your information, please check/click opt-out. I understand OPT-OUT
- 2. I understand that by participating in this MVCAC event I consent to sharing my information with MVCAC so I may continue to receive event marketing information. I understand OPT-OUT
- 3. I understand that by participating in this MVCAC event, I consent to sharing my information for future event marketing promoted by MVCAC. I understand OPT-OUT