



# IVECCS 2013

19<sup>TH</sup> INTERNATIONAL VETERINARY EMERGENCY & CRITICAL CARE SYMPOSIUM

SAN DIEGO, CALIFORNIA • SEPTEMBER 7-11, 2013

## IVECCS MODERATOR APPLICATION

**IVECCS needs Moderators!** We encourage you to consider volunteering to help us out. Serving as a Moderator is a way for you to be involved in IVECCS and VECCS as well as playing a vital role in the symposium.

- **Requirements:** Must be registered to attend the meeting as an attendee, speaker, or exhibitor and willing to moderate two or more half-day blocks as designated (a block consists of an entire morning or an entire afternoon)
- **Duties:** Manage the session(s) by introducing the speaker, controlling the lights, sound, entry/exit of attendees, assisting with audiovisual needs of the speaker, etc.
- **Remuneration:** Volunteers who moderate at least two (2) half-day blocks will be invited (along with his/her spouse/companion to attend the *Speaker/Moderator Reception*).

Review the Program Schedule (available online in mid-February - hard copy available in mid-April) to select the sessions you would like to moderate. Please complete the following form and submit by mail (retain a copy), email or fax if you would like to volunteer to serve as an IVECCS Moderator. We will make every attempt to assign you to the dates/times and sessions you prefer. We will notify you of your schedule 3-4 weeks prior to IVECCS and on details of Moderator Orientation meetings, which will be held at IVECCS at a time and room location to be announced later.

Name: (circle) Dr / Ms / Mr / Mrs.: \_\_\_\_\_ VECCS Member Yes: \_\_\_ No: \_\_\_

I am a Veterinarian: \_\_\_ Resident: \_\_\_ Intern: \_\_\_ Technician: \_\_\_ Practice Mgt Staff: \_\_\_ Exhibitor: \_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State (Province): \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Ph (Daytime): \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Arrival Date/Time: \_\_\_\_\_ Departure Date/Time: \_\_\_\_\_ Hotel at IVECCS: \_\_\_\_\_

Preferred Dates/Times to Moderate: \_\_\_\_\_ Preferred ½ Day Blocks (Modules)

1<sup>st</sup> Choice Date: \_\_\_\_\_ Preferred Course Blocks #: \_\_\_\_\_

2<sup>nd</sup> Choice Date: \_\_\_\_\_ Preferred Course Blocks #: \_\_\_\_\_

3<sup>rd</sup> Choice Date: \_\_\_\_\_ Preferred Course Blocks #: \_\_\_\_\_

4<sup>th</sup> Choice Date: \_\_\_\_\_ Preferred Course Blocks #: \_\_\_\_\_

**\* Note that assignments will be made in half-day blocks.**

I volunteer to fill-in on short notice if contacted on-site. Yes: \_\_\_ No: \_\_\_ If yes, cell Ph #: \_\_\_\_\_

Return Form to Attention of:

Donna Sullivan  
VECCS Office  
6335 Camp Bullis Rd, # 12  
San Antonio, TX 78257

or Fax to: 210-698-7138  
or email to: [donna@veccs.org](mailto:donna@veccs.org)

**Remember, Volunteers who moderate at least two (2) half-days blocks will be invited to the Speaker/Moderator Reception. See you in San Diego!**