

**DC Academy of Veterinary Medicine 2017-2018 Practice Management Series Registration Form**  
Co-hosted by the Virginia Maryland Veterinary Managers Association (VMVMA)

**December 6, 2017**

**May 2, 2018**

**June 6, 2018**

Topics: The Money Talk; Organized Onboarding & Mentoring; Practice Revenue Generation  
Seminars to be held at the Elks Lodge, 8421 Arlington Blvd., Fairfax, 10:00am - 2:30pm, Lunch Included

Registration is registrant-specific and is non-transferrable. Registering for the entire series includes the following: Savings of between \$150-\$200 over the individual seminar fee; Receive meeting announcements by email; Access to seminar handouts via the DC Academy website. **Complete (PLEASE PRINT) and return this form with your payment to DCAVM, P.O. Box 710477, Herndon, VA 20171. You may also email the form to admin@dcavm.org or fax to 703-742-8745**

Name \_\_\_\_\_ Deg./Cert. (DVM, CVPM, LVT, other) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Mailings should be sent to: Home \_\_\_\_\_ Office \_\_\_\_\_

Hospital/Organization Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**E-mail Address (required)** \_\_\_\_\_

**Checks / forms are made payable and mailed to: DCAVM, P.O. Box 710477, Herndon, VA 20171, Phone: 703-733-0556, Fax: 703-742-8745, Website: www.dcavm.org, Email: admin@dcavm.org**

Your cancelled check is a valid receipt; if additional receipt is required for reimbursement, check here \_\_\_\_

My practice has a DC Academy of Veterinary Medicine veterinarian member: Yes [ ] No [ ]

FEES: Series Registration from a practice with at least one DC Academy Member \$150

Series Registration from a practice without any DC Academy members \$250

Individual Seminar Registration Fee (**circle seminar date above you wish to attend**) \$100/\$150

(DC Academy practice/Non-DC Academy practice)

**If charging to VISA or MasterCard, please complete the following:**

Please charge my VISA \_\_\_\_\_ MasterCard \_\_\_\_\_ Amount \_\_\_\_\_ 3 Digit Security Code \_\_\_\_\_

Acct# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ Name (please print) \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**The DC Academy is not liable for seminar cancellations due to weather or other causes out of its control.**  
**Sponsored by: Henry Schein and Merck**