DC Academy of Veterinary Medicine 2024-2025 Practice Management Seminar Registration Form

February 6, 2025 – 9:00 AM – 3:30 PM Practice Management Seminar: Elks Lodge / Virtual Simulcast Seminar Charlotte Lacroix, DVM, JD Objectives: TBD

Complete (PLEASE PRINT) and return this form with your payment, if not using online payment system, 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: Hon	neOffice
Hospital/Organization Name		
Business Address		
City	StateZip	
Recent Graduates Only (after 1/1/2019): Da	ate of Graduation:	
E-mail Address (required)		
State License # [Primary state - if applicable	e]	
Checks are made payable and mailed to: I 703-733-0556, Fax: 703-742-8745, We Your cancelled check is a valid receipt; if addit		n@dcavm.org
FEES: Recent Graduate (After 1/1/2019)	Ν	lo Charge
Veterinarian (non-DC Academy Member) Semi Non-Veterinarian (e.g. Practice Manager, Techr	3	65 65
If charging to a credit card and not paying o	nline, please complete the following	:
Please charge the following amount	3 (4 digit for AmEx) Digit Security	Code
Acct#	Exp. Date	
SignatureNa	ame (please print)	
Credit Card Billing Address:		
City / State / Zin		

The DC Academy is not liable for seminar cancellations due to weather or other causes out of its control.