

**DC Academy of Veterinary Medicine 2024-2025 Technician Seminars Registration Form**

Series registration is technician-specific and is non-transferrable. Registering for the technician seminar series includes the following: Attendance at both seminars in the Fall of 2024 and Spring of 2025; Your ce credits are archived and you will receive a ce statement at the end of the calendar & program year;

Receive meeting announcements/seminar notes by email; Access to seminar handouts via the DC Academy website. **NOTE: Digital handouts will be emailed to you the week before the seminar and are available on our website.**

**Complete (please PRINT) and return with your payment.**

Name \_\_\_\_\_ Cert. (LVT, RVT, other) \_\_\_\_\_

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

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

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

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

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

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

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

**If applicable, primary state license number** \_\_\_\_\_

**STUDENT INFORMATION:** Students enrolled full time in an accredited veterinary technician program are not required to pay registration fees. Please complete the following information:

Name of School \_\_\_\_\_ Expected Graduation Year \_\_\_\_\_

**Checks are made payable to:** DCAVM, P.O. Box 710477, Herndon, VA 20171; Phone: 703-733-0556;

Fax: 703-742-8745; Website: <http://www.dcavm.org>; Email: [admin@dcavm.org](mailto:admin@dcavm.org)

**Your cancelled check is a valid receipt. If additional receipt is required for reimbursement, check here** \_\_\_\_

**FEES:** FT Student in Accredited Vet Tech Program.....No charge

Seminar Series Registration Before October 20..... \$49

Seminar Series Registration After October 20..... \$65

**INDIVIDUAL SEMINAR REGISTRATION NOT AVAILABLE. PLEASE PRE-REGISTER FOR THE SEMINAR SERIES IN ADVANCE.**

**IF PAYING BY CREDIT CARD USING OUR WEBSITE PAYMENT SYSTEM, DO NOT COMPLETE BELOW.**

If charging to a credit card, please complete the following: Please charge my credit card \$ \_\_\_\_\_

Acct# \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3 Digit Security Code \_\_\_\_\_

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

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

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