

DCAVM 2017-2018 Seminar Series Registration Form

The seminar program year runs from July 1 to June 30. The DC Academy is not liable for seminar cancellations due to weather or other circumstances out of its control.

Registration Status: New Renew/Reinstate ***If there are no changes from previous registration, please NO CHANGES and return:*** No changes

Name _____ Last Four Digits of Social Security# _____

Maiden Name _____ Spouse's Name _____

Hospital/Organization Name _____

Business Address _____

City _____ State _____ Zip _____

Office Phone (____) _____ Cell Phone (____) _____

Home Address _____

City _____ State _____ Zip _____

E-mail Address (required) _____

Which address do you prefer for academy mailings? Home Office Other

Veterinary School _____ Year Graduated _____

Checks are made payable 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, check here

FEES: *Recent Graduate:* After 1/1/12, \$220 without printed notes / \$270 with printed notes

Earlybird: Before 8/16/17 (no credit cards accepted): \$490 without printed notes / \$540 with printed notes

Standard: After 8/16/17: \$540 without printed notes / \$590 with printed notes

Single Seminar Fee: \$170 (paid at the door – no pre registration required for single seminars unless attending at a Remote Site — see Remote Site registration form.)

If paying by credit card, please circle one: \$220 \$270 \$540 \$590

Please charge my VISA MASTERCARD **REQUIRED** 3 Digit Security Code _____

Acct# _____ Exp. Date _____

Name on Card (please print) _____

Billing Address (please print) _____

City _____ State _____ Zip _____

Signature _____