



Delaware Valley Academy of Veterinary Medicine 2021-2022 SINGLE Seminar Registration Form

Please complete and submit this form by Monday 5:00pm before the Wednesday seminar. We request that you use our online credit card payment system. If you do charge your registration online, there is no need to complete the credit card information section on this form. **Once in person meetings resume at the Shriners Center, you may submit this form in advance, or bring it to the Shriners Center.**

NOTE: Digital handouts will be emailed to you before the seminar and are on our website.

Complete (please PRINT) and return with your payment. Seminar Date _____

Name _____ Last 4 Digits Social Security # _____

Home Address _____

City _____ State _____ Zip _____

Hospital/Organization Name _____

Business Address _____

City _____ State _____ Zip _____

Office Phone _____ Cell Phone _____

Mailings to: Home _____ Office _____ Veterinary School _____ Year Graduated _____

E-mail Address (required) _____

Checks are made payable to: DVAVM, P.O. Box 710477, Herndon, VA 20171; Phone: 703-733-0556
Fax: 703-742-8745; Website: delawarevalleyacademyvm.org;
Email: admin@delawarevalleyacademyvm.org

Your cancelled check is a valid receipt. If additional receipt is required for reimbursement, check here ____

FEES: VETERINARIAN SINGLE SEMINAR FEE =\$135.00; TECH SINGLE SEMINAR FEE = \$30.00

FT Student in Accredited Veterinary College / Accredited Tech Program.....No charge

7 Seminar Series Registration Before October 23, 2021 **VET=\$299.00; TECH=\$120.00**

7 Seminar Series Registration After October 23, 2021 **VET=\$339.00; TECH= \$145.00**

**REGISTER FOR THE SINGLE SEMINAR IN ADVANCE - BY MONDAY 5:00PM BEFORE THE SEMINAR
IF PAYING BY CREDIT CARD USING OUR WEBSITE PAYMENT SYSTEM, DO NOT COMPLETE BELOW.**

If you're not using our online payment system, please complete the following (please print):

Charge my credit card \$ _____ Acct# _____

Exp. Date _____ 3 Digit (4 Digit for AmEx) Security Code _____

Name _____

Credit Card Billing Address: _____

City _____ State _____ Zip _____