



2022-2023 SEMINAR SERIES REGISTRATION FORM

The membership year runs from 7/1/2022 to 6/30/2023

Registration Status:  New  Renew  NO CHANGES

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

SEMINARS WILL BE IN-PERSON AT THE SHRINERS CENTER BEGINNING IN SEPTEMBER 2022. WE WILL BE SIMULCASTING THESE SEMINARS VIA OUR WEBEX PLATFORM .

Last 4 Digits of Social Security # \_\_\_\_\_

Name (required) \_\_\_\_\_

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

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

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

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

Office Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

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

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

Veterinary School \_\_\_\_\_ Year Graduated \_\_\_\_\_ Mailing to: Home \_\_\_\_\_ Office \_\_\_\_\_

Checks are made payable to: DVAVM, P.O. Box 710477, Herndon, VA 20171

Phone: 703-733-0556 • Fax: 703-742-8745 • Email: admin@delawarevalleyacademyvm.org

Website: www.delawarvalleyacademyvm.org

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

VETERINARIAN SERIES FEES:

- Recent Graduate After 1/1/2017 ..... \$175
Early Bird: Before 8/23/22 ..... \$440
All Payments After 8/23/22..... \$480
Full Time Veterinary Students.....No Charge
Single Veterinarian Seminar Reg..... \$150

TECHNICIAN SERIES FEES:

- Early Bird: Before 8/23/22 ..... \$150
All Payments After 8/23/22 ..... \$175
Full Time Technician Students..... No Charge
Single Tech Seminar Reg. .... \$40

PLEASE REGISTER FOR SERIES IN ADVANCE.

IF CHARGING YOUR REGISTRATION, PLEASE USE THE SECURE ONLINE REGISTRATION PROCESS.

IF YOUR CONTACT INFORMATION HAS CHANGED, RETURN THE COMPLETED FORM WITHOUT CREDIT CARD INFORMATION BY EMAIL, FAX OR U.S. MAIL.

COMPLETE INFORMATION BELOW IF USING CREDIT CARD AND NOT PAYING ONLINE

Please charge my VISA / MASTERCARD/Discover/AmeEx Amount Paid \_\_\_\_\_ 3/4 DIGIT CODE \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ EXP. DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ NAME (Please Print) \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_