



**Delaware Valley Academy of Veterinary Medicine 2022-2023 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. **We request that you register in advance, even if you are planning to attend at the Shriners Center, so that we can email you the seminar handout.**

**NOTE: Digital handouts will be emailed to you before the seminar and are on our website. Printed handouts are no longer available, only digital handouts.**

**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 =\$150.00; TECH SINGLE SEMINAR FEE = \$40.00**

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

7 Seminar Series Registration Before October 23 **VET=\$440.00; TECH=\$150.00**

7 Seminar Series Registration After October 23 **VET=\$480.00; TECH= \$175.00**

**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 \_\_\_\_\_