



DISTRICT OF COLUMBIA ACADEMY OF VETERINARY MEDICINE, INC.
2016-2017 TECHNICIAN SEMINAR SERIES
REGISTRATION FORM

Series registration is technician-specific and is non-transferrable.
 Series registration permits attendance at all 4 seminars within the seminar series.

Please PRINT when filling out form.
Fill out completely and return with your payment.
Only one person per registration form, please.

Name _____ Certification (e.g. LVT, RVT, other) _____

Home Address _____

City _____ State _____ Zip _____

Hospital/Organization Name _____

Business Address _____

City _____ State _____ Zip _____

Office Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

Which address do you wish to use for academy mailings: (Home) _____ (Office) _____

E-mail Address (REQUIRED) _____

Graduate of Veterinary Technician Program? Yes _____ No _____

If yes, name of school _____ Year Graduated _____

<p>STUDENT INFORMATION: Students enrolled full time in an accredited veterinary technician program are not required to pay registration fees. Printed seminar notes will not be available at the meeting for students. Students are asked to print notes from website or receive via email. Please complete the following information:</p> <p>Name of School _____ Expected Graduation Year _____</p>

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; however, if additional receipt is required for reimbursement, check here _____

FEES: Full Time Student in Accredited Vet. Tech. Program..... No Charge
 Early Series Registration Discount (Before September 20, 2016) \$ 115.00 cash/check only
 Standard Series Registration (After September 20, 2016) \$ 140.00
 Individual Seminar Registration Fee (Paid at the Door - Fairfax Only) \$ 65.00

NO MAIL OR TELEPHONE CHARGES ACCEPTED

Please charge my VISA _____ MASTERCARD _____ AMOUNT \$ _____

ACCOUNT NUMBER _____ EXP. DATE _____ 3 DIGIT CODE _____

SIGNATURE _____ NAME (Please Print) _____