DC Academy of Veterinary Medicine 2025-2026 SINGLE Seminar Registration Form

DC Academy seminars meet the requirements for 6 total hours of continuing education credit in jurisdictions that recognize CE programs produced by AVMA constituent organizations. The DC Academy is a a constituent organization of the DCVMA. **We request that you use our online credit card payment system. Seminars will be in person at the Elks Lodge and simulcast via our Microsoft Teams platform. You may submit this form in advance or bring it to the Elks Lodge in Fairfax. Registering in advance allows us to email you the seminar handout. Digital handouts will be emailed to you before the seminar and are available on our website.**

We no longer provide printed handouts at the seminar.   **Seminar Date _____**

Name_____ Primary License #_____

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: DCAVM, P.O. Box 710477, Herndon, VA 20171; Phone: 703-733-0556
Fax: 703-742-8745; Website: http://www.dcavm.org; Email: admin@dcavm.org
Your cancelled check is a valid receipt. If additional receipt is required for reimbursement, check here _____
FEES: SINGLE SEMINAR FEE = $135.00   FT Student in Accredited Veterinary College = No charge
Series Registration Before Aug. 16 **=** $400.00   Series Registration After Aug. 16 = $450.00
Recent Graduate (After 1/1/2020) Series Fee: $175
PLEASE REGISTER FOR THE SEMINARS IN ADVANCE – BY TUESDAY 5:00PM BEFORE THE SEMINAR – SO THAT WE MAY EMAIL YOU THE SEMINAR HANDOUT.
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 on Card _____

Credit Card Billing Address: _____

City _____ State_____ Zip_____