

DC Academy of Veterinary Medicine 2025-2026 Technician Seminars Registration Form

Series registration is technician-specific and is non-transferrable. Registering for the technician seminar series includes the following: Attendance at both seminars in the Fall of 2025 and Spring of 2026; Your ce credits are archived and you will receive a ce statement at the end of the calendar & program year;

Receive meeting announcements/seminar notes by email; Access to seminar handouts via the DC Academy website. **NOTE: Digital handouts will be emailed to you the week before the seminar and are available on our website.**

Complete (please PRINT) and return with your payment.

Name _____ Cert. (LVT, RVT, other) _____

Home Address _____

City / State / Zip _____

Hospital/Organization Name _____

Business Address _____

City / State / Zip _____

Cell Phone _____ Mailings should be sent to: Home _____ Office _____

E-mail Address (required) _____

If applicable, primary state license number _____

STUDENT INFORMATION: Students enrolled full time in an accredited veterinary technician program are not required to pay registration fees. Please complete the following information:

Name of School _____ Expected Graduation Year _____

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: FT Student in Accredited Vet Tech Program.....No charge

Seminar Series Registration Before October 20..... \$49

Seminar Series Registration After October 20..... \$65

INDIVIDUAL SEMINAR REGISTRATION NOT AVAILABLE. PLEASE PRE-REGISTER FOR THE

SEMINAR SERIES IN ADVANCE.

IF PAYING BY CREDIT CARD USING OUR WEBSITE PAYMENT SYSTEM, DO NOT COMPLETE BELOW.

If charging to a credit card, please complete the following: Please charge my credit card \$ _____

Acct# _____ Exp. Date _____ 3 Digit Security Code _____

Signature _____ Name (please print) _____

Credit Card Billing Address: _____

City / State / Zip _____