



**Linda E. Luther, DVM, MVSc, DACVIM (SAIM)**  
**Adrenal gland disease (3 CE)**  
Interactive CE for Massachusetts Licensure

**Registrant Name** \_\_\_\_\_

**Company** \_\_\_\_\_

**Address** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Telephone** \_\_\_\_\_

	<b>Registration Fee</b>
Member	\$90
Non-Member	\$150

**\*\*The MVMA will no longer accept checks for conference payment, only credit cards.\*\***

**To pay by credit card:**

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV Code (3 digits on back of MC & VISA or 4 digits on front of Amex) \_\_\_\_\_

Registration Fee (see above chart) \$ \_\_\_\_\_

Please complete and return registration form

Email: [admin@massvet.org](mailto:admin@massvet.org)

Mail: 163 Lakeside Ave. Marlborough, MA 01752

Fax: 508-460-9969