



Linda E. Luther, DVM, MVSc, DACVIM (SAIM)

Urinary tract disease (3 CE)

Interactive CE for Massachusetts Licensure

Registrant Name _____

Company _____

Address _____

Email Address _____

Telephone _____

	Registration Fee
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

Mail: 163 Lakeside Ave. Marlborough, MA 01752

Fax: 508-460-9969