



**POCUS for every day general practice**  
Søren Boysen DVM, DACVECC  
(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