

2024 Summer School CE Registration Form

Name:		
Organization:		
Address:		
City:	State:	Zip:
Phone:		
Email Address:		
Choose the event(s) you would like to view: Sessions are approved for NON-INTERACTIVE credit towards licensure.		
Michael St	atory and Cardiac Disease (3 CE) one, DVM, DACVIM Non-Member Rate \$150	
Linda E. Luther, D	and Disease (3 CE) /M, MVSc, DACVIM (SAIM)) Non-Member Rate \$150	
Linda E. Luther, D	act Disease (3 CE) VM, MVSc, DACVIM (SAIM)) Non-Member Rate \$150	
Kursten Pierce, D	al Cardiology (3 CE) VM, DACVIM (Cardiology)) Non-Member Rate \$150	
Name on Card		
Billing Address		
City:	State:	Zip:
Credit Card #	Exp. Date:	CVV Code:
Registration Fee Total \$		

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