



**Thorax and Abdominal Radiology:  
A Case-based Approach to Determine Next Steps(3 CE)  
Anthony Pease DVM, MS, DACVR  
Interactive CE for Massachusetts Licensure**

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

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

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

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

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

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

**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