



191 Yuma Street
Denver, Colorado 80223
303.318.0447
303.318.0450 fax
admin@davms.org

**2011-2012 Professional Development Series
REGISTRATION
For CACVT Members Only**

Name _____

Hospital/Clinic Name _____

Address _____

City/State/Zip _____

Phone _____

Fax _____

E-mail _____

Individual Subscription (for all 6 classes) – deadline Aug 1 - \$360.00

Single Class Registration Fee: \$80/person/per event:

- | | | | |
|--|-------------------|--|-----------------------|
| <input type="checkbox"/> Sept. 7, 2011 | Neurology | <input type="checkbox"/> Feb. 8, 2012 | Nutrition |
| <input type="checkbox"/> Oct. 5, 2011 | Chronic Pain | <input type="checkbox"/> Mar. 14, 2012 | Ophthalmology |
| <input type="checkbox"/> Nov. 9, 2011 | Drug Interactions | <input type="checkbox"/> Apr. 11, 2012 | Antimicrobial Therapy |

Total amount due: \$ _____

Payment: Visa * MasterCard* Check enclosed (payable to DAVMS)

Card Number _____ Security Code _____

Expiration Date _____ Billing address zip code _____

Name on card _____

Signature _____

Cancellations received more than 30 days prior to the program start date will receive a full refund minus a \$50 processing fee. No refunds will be granted within 30 days of a program.

To register, call DAVMS at 303.318.0447 or return this form to DAVMS via fax to 303.318.0450 or by mail to: DAVMS, 191 Yuma St., Denver, CO 80223

Code: CACVT