

REGISTRATION REQUEST
Veterinary Family Practice Credential Course

Module 3 – Available Online

Module 4 – November 21–22, 2009, UC Davis Campus

(Please print. One registrant only per sheet. Duplicate for extra copies.)

Last _____ First _____ Mid. Init. _____
____ DVM ____ VMD ____ Other (Please specify) _____
Year Graduated _____ School/College _____
____ Practice Owner/Partner ____ Associate/Employee ____ Other (please specify) _____
Practice Name _____
Practice Address _____
City _____ State _____ Zip _____
Practice Telephone _____ Fax _____
E-mail _____

Module 3 – Online	\$250	_____
Module 4 – On site at UC Davis	\$595	_____
	Total:	_____

Method of Payment:

____ Check – Made payable to: UC REGENTS
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Check one: ____ Visa ____ MasterCard ____ American Express
Card #: _____
Name as it appears on card: _____
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