

**BUFFALO ACADEMY OF VETERINARY MEDICINE
REGISTRATION 2023 -2024**

Hospital Name: _____

Address: _____

In order to help us maintain accurate records please fill out ALL contact information neatly. This will also help us to contact you with important changes and information.

FIRST AND LAST NAME <u>WITH TITLE</u>: DVM, LVT..	CELLPHONE	EMAIL ADDRESS We will need an email for each individual member.	AMOUNT PAID (See Dues Below)
	(Cell) _____		\$
	(Cell) _____		\$
	(Cell) _____		\$
	(Cell) _____		\$
	(Cell) _____		\$

Dues (per person)

- Veterinarians \$250.00 for all lectures
- Technicians/Practice Managers \$100.00 for all lectures
- Individual Lecture \$100.00 for each individual lecture *(Please indicate lecture(s) below)*

Total Paid: \$_____

Check **#**_____

Cash

*****Please note: Payment is due before the meeting to be attended. BAVM will NOT be billing.
Continuing education credit will not be awarded if payment is not made for meetings attended.**

* Please make checks payable to: **“Buffalo Academy of Veterinary Medicine”** (checks should be payable in *U.S. FUNDS* only)

Mail to ⇒ **Buffalo Academy of Veterinary Medicine
c/o Shannon Kabel
10786 Mill Rd
East Bethany, NY 14054**

**** In-Person Meetings will be held at the
Buffalo Marriott Niagara
1340 Millersport Hwy
Amherst, NY 14221**