



REGISTRATION FORM

*Last Name _____ *First Name _____

COURSE OF INTEREST

Registration Fee \$ _____ Course Name _____ Course Dates(s) _____

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Do you have any special dietary needs? No Yes Please be specific _____
 WVC will do our best to accommodate all request but cannot guarantee all dietary needs will be met.

Give back to the veterinary profession. Donate to help fund continuing education. WVC is a 501(c)3 non-profit organization incorporated in Nevada.
 Your donation may be tax deductible pursuant to the provisions of section 170(c) of the Internal Revenue Code of 1986. \$ _____

Total Due \$ _____

PAYMENT INFORMATION

American Express Discover MasterCard Visa Check # _____

Cardholder's Name _____

Credit Card Number _____ Exp Date _____ CSV # _____

Credit Card Billing Address _____ Apt/Ste _____

City _____ State/Prov _____ Zip/Postal Code _____ Country _____

Email To Send Receipt _____

TERMS & CONDITIONS

Terms of Payment: WVC Course fees must be paid in full at the time of registration either online, mail, fax (702.739.6420) or email registration@wvc.org. Should you wish to pay by check, please make check payable to WVC and mail check and registration form to P.O. Box 50755, Henderson, NV 89016.

Cancellation by WVC: WVC reserves the right to cancel courses at any time.

For Privacy & Cancellation Policy, see wvc.org/legal

- I have read and agree to the terms & conditions above (required prior to completing the registration).
- I authorize WVC to charge my card for the amount due noted above.

*Signature _____ Date _____

For Questions, please contact 866.800.7326 or info@wvc.org.