



GEORGIA VETERINARY MEDICAL ASSOCIATION

Veterinary Technician Interactive CPR Training Course

March 20, 2022

SAVES CENTER, Fayetteville, GA

Member Type (Circle one): Premier OR Individual (_____)
Name of Individual Doctor Member

Practice Name: _____

Address: _____ City: _____ State: _____

ZIP: _____

Phone: _____ Email of submitting party: _____

Registrant #1 Name: _____

Registrant #1 Email: _____ *(must be unique to the registrant)*

Registrant #1 Position: _____

Registrant #2 Name: _____

Registrant #2 Email: _____ *(must be unique to the registrant)*

Registrant #2 Position: _____

Registrant #3 Name: _____

Registrant #3 Email: _____ *(must be unique to the registrant)*

Registrant #3 Position: _____

Registrant #4 Name: _____

Registrant #4 Email: _____ *(must be unique to the registrant)*

Registrant #4 Position: _____

For more than 4 registrants, please submit the Name, Email, and Position for all additional registrants on another sheet.

Registration Fee: (check one) Premier Member: \$35 per registrant x _____ registrants = _____ Total
 Individual Member: \$90 per registrant x _____ registrants = _____ Total

Total Amount Due \$ _____

MC VISA AMEX DISCOVER Check payable to GVMA

Card Number: _____

Card Billing Address (if different from Practice Address)

Exp. Date: _____ CVV: _____

Line 1: _____

Name on Card: _____

Line 2: _____

Signature: _____

City: _____ State: _____

ZIP: _____

Email to gvma@gvma.net OR Fax to (678) 309-3361