

# Registration Form

## BASIC SCIENCE COURSE June 2 - 20, 2008

### Course Fees:

**\$790 - ACVO approved residents**

(when you register by 1/1/08)

**\$1,575 - ECVO approved residents**

(when you register by 1/1/08)

**\$2,625 - All Others  
or if registering after 1/1/08**

**\$500 Deposit due by 1/1/08, Balance due by 2/1/08**

Name: \_\_\_\_\_

ACVO approved resident    ECVO approved resident    Other

License # (US Residents Only): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

street

city/state/zip/country

Phone: (\_\_\_\_\_) \_\_\_\_\_

FAX #: (\_\_\_\_\_) \_\_\_\_\_

Name of Practice/Clinic: \_\_\_\_\_

E-mail address: \_\_\_\_\_

### Register by Phone, FAX or Mail



**Phone:** Karl Olson (608) 265-5206  
(Credit card information required)



**On-Line:** [www.vetmed.wisc.edu/ce](http://www.vetmed.wisc.edu/ce)  
(Credit card information required)



**Fax:** Karl Olson (608) 890-1774  
(Credit card information required)



**Mail:** School of Veterinary Medicine  
Continuing Education  
2015 Linden Dr.  
Madison, WI 53706-1102

### Payment Method:

Check enclosed (payable to: SVM)

    

Card #: \_\_\_\_\_ Cardholder Name: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ V-Code: \_\_\_\_\_ (3 digit number on back of card above signature line)

Amount to be Charged: \$ \_\_\_\_\_ **\$500 Deposit due by 1/1/08, Balance due by 2/1/08**

Balance Due: **I give permission to charge this credit card the balance due of:** \$ \_\_\_\_\_ on \_\_\_\_\_ (date).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_