



**RICHMOND
ACADEMY OF
VETERINARY
MEDICINE
2012
PROGRAMS**

CONTINUING EDUCATION LECTURE SERIES
Each day-long program provides six contact hours of continuing education credit for those veterinarians attending.

**Sandston Memorial Recreation Center
11 J B Finley Road
Sandston, Virginia 23150**
(www.sandstonrec.com for driving directions)

March 1, 2012

UPDATE ON TOXICOLOGY

Dr. Patti Gahagan, ABT board eligible
previously of ASPCA Animal Poison Control Center

April 5, 2012

EMERGENCY PREPAREDNESS/ANIMAL DISASTER TRAINING

Jo Ellen Cimmino, LVT
Director of Animal Health Services & Education, Noah's Wish

May 3, 2012

UPDATE ON TICK TRANSMITTED DISEASES

Dr. Ed Breitschwerdt, dACVIM,
North Carolina State University College of Veterinary Medicine,
adjunct professor medicine Duke University Medical Center

September 13, 2012

UPDATE ON HEPATIC AND PANCREATIC DISEASE

Dr. Mike Willard, DVM, MS, dACVIM (SA Internal Medicine)
Texas A&M University College of Veterinary Medicine

October 4, 2012

UPDATE ON SOFT TISSUE SURGERY

Harry Boothe, DVM, MS, dACVS
Auburn University College of Veterinary Medicine

November 1, 2012

UPDATE ON ONCOLOGY AND ASPIRATION CYTOLOGY

Dr. Heather Wilson-Robles, dACVIM (oncology)
Texas A&M University College of Veterinary Medicine



Please complete the application below and mail to:

RAVM
2458 New Market Rd.
Henrico, VA 23231



Make checks payable to
Richmond Academy of
Veterinary Medicine

PLEASE CHECK THE APPROPRIATE CATEGORY:

- Individual \$375.00
- Hospital with 2 doctors \$550.00
- Hospital with 3 - 6 doctors \$750.00
- Hospital with 7 or more doctors \$125.00/doctor
- Individual Meeting \$150.00

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

Street Name or Box Number

City

State

Zip

BUSINESS PHONE: _____ **FAX:** _____

Area Code

Number

Area Code

Number

BUSINESS EMAIL ADDRESS: _____

Please supply the information below for all persons to be included in this membership. More space is provided on back.

NAME: _____

Title

First Name

M.I.

Last Name

HOME ADDRESS: _____

Street Name or Box Number

City

State

Zip

HOME PHONE: _____ **EMAIL:** _____

Area Code

Number

Name as you wish it to appear on your nametag (if different from above) _____

MEETING SCHEDULE

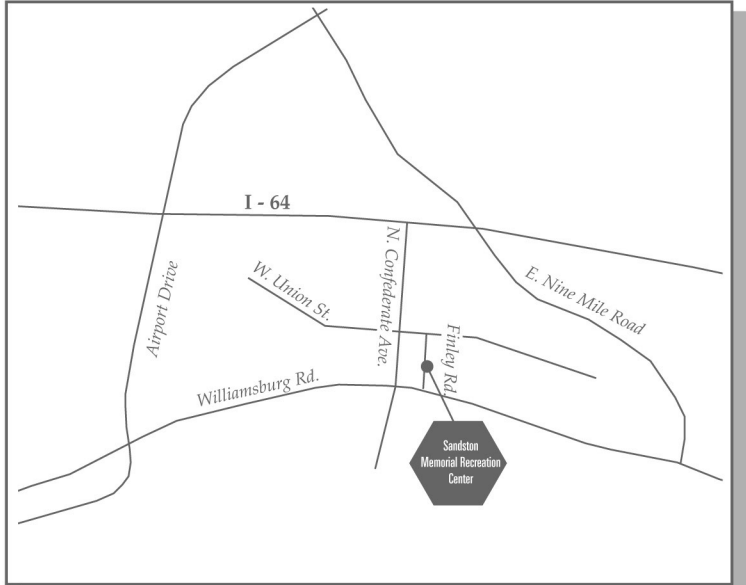
9:00 a.m. - 10:30 a.m.	Lecture
10:30 a.m. - 10:45 a.m.	Break
10:45 a.m. - 12:00 noon	Lecture
12:00 noon - 12:45 p.m.	Lunch
12:45 p.m. - 2:00 p.m.	Lecture
2:00 p.m. - 2: 15 p.m.	Break
2:15 p.m. - 3:30 p.m.	Lecture



RAVM BOARD MEMBERS

For more information, please contact the following RAVM board members.

- Melanie Bolling • 804.614.7614
- Glen Deckert • 804.739.2933
- Pam Dumont • 757.253.0656
- Dale Sprenkel • 757.564.9815
- Susan Ware • 804.795.4350
suware@aol.com



Use this space to register additional members.

NAME: _____
Title First Name M.I. Last Name

HOME ADDRESS: _____
Street Name or Box Number City State Zip

HOME PHONE: _____ **EMAIL:** _____
Area Code Number

Name as you wish it to appear on your nametag (if different from above) _____

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