



**ACVS MINIMALLY INVASIVE SURGERY
FELLOWSHIP**

Founding Fellow Application Fee Payment

Name of Founding Fellow Candidate: _____

Phone (_____) _____ - _____

Email _____

Amount: \$100 (ACVS is a 501(c)6 tax-exempt organization. Tax amount charged: \$0.00)

☐ Check number _____

Make check payable to: American College of Veterinary Surgeons

☐ Charge to (select one) ☐ Visa ☐ MasterCard

Note: Payment by Visa or MasterCard can be made online at www.acvs.org/fees. If payment is made online, do not submit this form.

Credit Card number _____/_____/_____/_____

Expiration Date ____/____

Signature _____

Credit Card Billing Address (required for credit card payments):

Name of Cardholder _____

Address _____

City _____ State _____ Zip _____ Country _____

Please mail or fax completed credit card information or mail check with the Founding Fellow Application to:

ACVS
19785 Crystal Rock Drive, Suite 305
Germantown, Maryland, 20874

Fax: 301-916-2287

Fees are non-refundable.

Questions regarding payment? Contact the ACVS office at 301-916-0200 x114.