



ACVS[®]
 AMERICAN COLLEGE of
 VETERINARY SURGEONS

Residency Program Transfer Fee Payment Authorization

Fees can also be paid online at
www.acvs.org/residents/fees

Resident Name:

First _____ Middle _____ Last _____

Name of Registered Residency Training Program _____

Program Director _____

Transfer Fee \$50

Payment must be received within 30 days of the start date at a new program. The ACVS is a 501(c)(6) tax-exempt organization. Tax amount charged: \$0.00

Check attached Check Number _____

Charge to: VISA MasterCard AmEx Amount to be charged \$ 50.00

Card Number _____ Expiration _____ / _____

Signature _____ CVV _____

Cardholder Information (required)

Name on Card _____

Billing Address _____

City _____ State _____ Zip Code _____ Country _____

Phone _____ Fax _____

Email _____

Please mail this form and payment to:
 American College of Veterinary Surgeons
 19785 Crystal Rock Drive, Suite 305
 Germantown, MD 20874
 or fax to: 301-916-2287

Please do not email credit card payment forms to ACVS.
 Credit card payments can be made online at www.acvs.org/residents/fees