

Date: _____

Chapter: _____

President: _____

Phone: _____ Email: _____

ACVIM Student Chapter Faculty Advisor: _____

Phone: _____ Email: _____

We request (up to \$250.00 per academic calendar year) \$_____ for the following ACVIM Student Chapter sponsored activity. A brief explanation of the planned activity and estimated budget follows (please provide as much detail as possible including speaker names, topics, type of education provided, etc.):

ACVIM Student Chapter President Signature: _____

Faculty Advisor Signature: _____

****Incomplete applications will not be processed****

Please provide the following information in the event the check is awarded:

Bank Account Name: _____

ATTN: _____

Address: _____

City: _____ State: _____ Zip: _____

Return completed application to:

ACVIM

c/o Marian Tuin

8301 E Prentice Avenue.

Greenwood Village, CO 80111

OR

Fax to:

303-231-0880

c/o Marian Tuin

OR

Email to:

Marian@acvim.org

8301 E Prentice Avenue | Greenwood Village, Colorado 80111

Telephone: 303-231-9933 | 1-800-245-9081 (USA & Canada) | Facsimile: 303-231-0880

Email: Membership@ACVIM.org | Website: www.ACVIM.org