



**RICHMOND
ACADEMY OF
VETERINARY
MEDICINE
2010
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 4, 2010

CANINE ORTHOPEDIC DISEASE AND THE LAMENESS EXAM
Sherman O. Cannapp, Jr., DVM, MS, CCRT-DACVS; Debra A. Canapp, DVM, CCRT, CVA
Veterinary Orthopedic and Sports Medicine Group - Annapolis Junction, Md.

April 1, 2010

UPDATE ON RENAL DISEASE
Dennis J. Chew, DVM, DACVIM
Ohio State University

May 6, 2010

COMMON MISDIAGNOSES IN VETERINARY PRACTICE
Fred Metzger, DVM, DABVP
Idexx Laboratories

September 2, 2010

UPDATE ON RADIOLOGY
Martha Moon Larson, DVM, MS, DACVR
Virginia Maryland Regional College of Veterinary Medicine

October 7, 2010

UPDATE ON ENDOCRINOLOGY: TRILOSTANE, CUSHINGS, AND THE DIFFICULT DIABETIC
Audrey Cook, BVM&S, MRCVS, DACVIM, ECVIM-CA
Texas A&M University

November 4, 2010

UPDATE ON OPHTHALMOLOGY
Thomas J. Kern, DVM, DACVO
Cornell 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 \$300.00
- Hospital with 2 doctors \$450.00
- Hospital with 3 - 6 doctors \$600.00
- Hospital with 7 or more doctors \$100.00/doctor
- Individual Meeting \$125.00

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

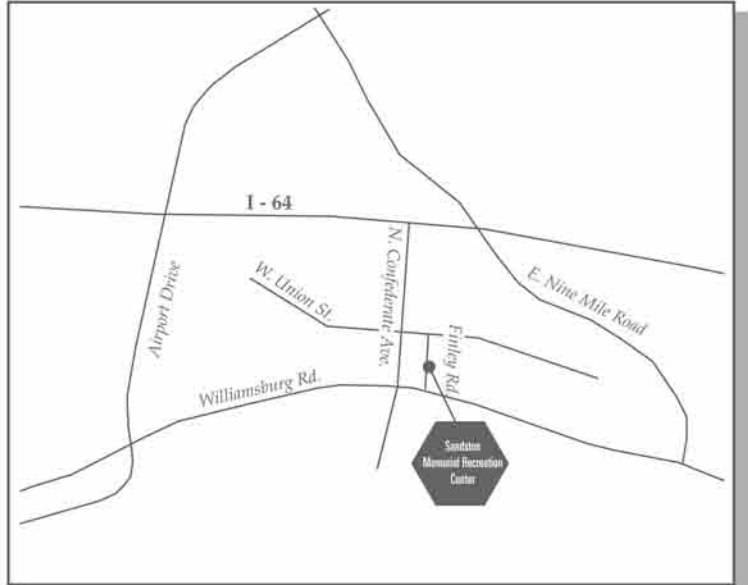
9:00 a.m. - 10:30 a.m.	Lecture
10:30 a.m. - 10:45 a.m.	Break
10:45 a.m. - 12:00 noon	Lecture
12:00 noon - 12:45 p.m.	Lunch
12:45 p.m. - 2:00 p.m.	Lecture
2:00 p.m. - 2: 15 p.m.	Break
2:15 p.m. - 3:30 p.m.	Lecture



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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