



## PAYMENT FORM FOR AAVLD DIAGNOSTIC PATHOLOGY SLIDE SEMINAR

### AAVLD Pathology Slide Set

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Slide sets: \_\_\_ 2010 \_\_\_ 2011 \_\_\_ 2012

Date: \_\_\_\_\_

**Payment Type:** \_\_\_ cash \_\_\_ check\* \_\_\_ credit card

\*Checks payable to AAVLD; notation in Memo field to Pathology Committee.

**Credit Card:** \_\_\_ VISA \_\_\_ MC

**Credit Card #:** \_\_\_\_\_ **Exp:** \_\_\_/\_\_\_

**Name on Card:** \_\_\_\_\_ **CSC Code:** \_\_\_\_\_

**Note: Please make checks payable to AAVLD**

**Send payment to:** P O Box 1770, Davis, CA. 95617 or

**Phone:** 559-687-0570 **Fax:** 559-687-1623.

**You can also email in your form to:** [secretary-treasurer@aavld.org](mailto:secretary-treasurer@aavld.org)

*Thank you for your participation with AAVLD.*