



INTERNATIONAL VETERINARY ACUPUNCTURE SOCIETY

Registration Form For

IVAS Certification Examination on Veterinary Acupuncture

San Antonio, TX USA – February 6 & 7, 2027 – Registration Deadline Date: January 10, 2027

Location: Embassy Suites by Hilton San Antonio Brooks Hotel & Spa ~ 7610 S New Braunfels Ave ~ San Antonio, TX 78235 USA

YOU MUST SUBMIT A COPY OF YOUR CURRENT VETERINARY LICENSE WITH THIS REGISTRATION

Veterinary License: State/Country: _____ License # _____ Expires: _____

PLEASE PRINT LEGIBLY

Registrant Name and Degree(s): _____

Preferred Mailing Address: _____

City: _____ State/Province: _____ Postal Code: _____

Country: _____ Email: _____

Phone: _____ Today's Date: _____

This is Home _____ Business _____

THIS IS MY FIRST TIME TAKING THE IVAS CERTIFICATION EXAMS

I completed the following Acupuncture Course:

IVAS Course Location: _____ Year: _____ All Amounts are US Dollar

Full Exam (Canine and/or Equine Practicals and Written) circle one or both canine / equine\$450.00 _____

I AM RETAKING ALL OR PART OF THE IVAS CERTIFICATION EXAMS

I completed the Exam(s) previously:

IVAS Exam Location: _____ Year: _____

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Written Exam Sunday, Feb 7 (8-noon).....\$100.00 _____

Canine 10 Point Practical Saturday, Feb. 6\$100.00 _____

Equine 10 Point Practical Saturday, Feb 6\$100.00 _____

Canine Specific 20 Point Practical Saturday, Feb 6\$200.00 _____

Equine Specific 20 Point Practical Saturday, Feb 6\$200.00 _____

Total: \$ _____

METHOD OF PAYMENT

CHECK NO: _____ PAYABLE TO: **International Veterinary Acupuncture Society**

All checks must be drawn on US bank – US dollars only Note: If paying by company check please include your name on memo line of check.

A 3% processing fee will be added to all card transactions. You can avoid this fee by paying with ACH, Wire or Check.
Email accounting@ivas.org for ACH and Wire information

VISA MASTERCARD AMERICAN EXPRESS DISCOVER

PLEASE CHARGE US\$ _____ TO THE FOLLOWING CARD:

PRINT NAME AS APPEARS ON CARD: _____

CREDIT CARD #: _____ SEC CODE: _____

EXP DATE: _____ BILLING POSTAL CODE: _____ TODAY'S DATE: _____

SIGNATURE: _____