

Vermont Veterinary Technician Association

Cindy Barrows Continuing Education Memorial Fund

Continuing Education Assistance Application 2013

Name: _____ Date: _____

Address: _____

Home Phone: _____ Work Phone: _____

E-Mail: _____

CVT/LVT/RVT _____ Technician (Non-CVT) _____ Specialty _____ VTC Student

Veterinary Practice: _____

Mail Application to:

VVTA c/o Deborah Glottmann

210 Center Road

Montpelier, VT 05602

802.229.2041 802.249.7227

Dglottmann1@gmail.com

VTVETTECHS.org