

SAVT



**SASKATCHEWAN
ASSOCIATION**
of Veterinary Technologists

RECORD OF PARTICIPANT IN A CONTINUING EDUCATION SEMINAR

I hereby certify that (name of SAVT Active member):
was a registered participant at the following seminar.
Topic of Seminar:
Speaker:
Event Organizer (if known):
Location:
Date:
Signature of Speaker, Organizer or Supervisor:
Printed Name:
Contact information of speaker, organizer or supervisor (email and/or phone number):