

2025 ACVS Practice Partner Program

Term: January 1, 2025—December 31, 2025 **Effective Date:** Agreement is effective upon receipt of the participation fee.

The ACVS Practice Partner Program offers an enhanced, unique opportunity for Diplomate-affiliated practices and hospitals to partner with ACVS and gain access to a variety of valuable benefits. The program features several options that are designed specifically to heighten awareness of your organization, encourage continuing education, and support recruiting veterinary professionals.

To become an ACVS Practice Partner, select any of the options below, complete the agreement form, and submit with the participation fee.

All ACVS Practice Partners receive

- the ACVS Practice Partner logo for exclusive use during the entire program year.
- the opportunity for advance selection of 2025 ACVS Surgery Summit sponsorship.
- recognition on the ACVS Practice Partner webpage: www.acvs.org/practice-partners.
- recognition with a single company logo on announcement pages in *Veterinary Surgery*, signage at the 2025 ACVS Surgery Summit, and a full-color page in the 2025 ACVS Surgery Summit *Program Guide*.

Each Practice Partner will be recognized with a <u>single</u> company logo. ACVS will not use the logo or indicate any other affiliation with a Practice Partner without the expressed permission of the Practice Partner, except when administering the benefits noted above.

CONTINUING EDUCATION OPTIONS	RECRUITMENT OPTIONS	
CE Option 1 - \$3,000 Complimentary registration for the 2025 ACVS Surgery Summit* for three doctors and three technicians or students. Estimated value: \$3,825	Recruitment Option 1 - \$1,500 Two complimentary premium 90-day job flash package ads.** Estimated value: \$1,998	
CE Option 2 - \$7,000 Complimentary registration for the 2025 ACVS Surgery Summit* for seven doctors and three technicians or students. Estimated value: \$8,925	Recruitment Option 2 - \$4,000 Five complimentary premium 90-day job flash package ads.** Estimated value: \$4,995	
CE Option 3 - \$9,000 Complimentary registration for the 2025 ACVS Surgery Summit* for 10 doctors and seven technicians or students. Estimated value: \$11,325	Recruitment Option 3 - \$8,500 Ten complimentary premium 90-day job flash package ads** and a set of mailing labels. Estimated value: \$10,790	
*If a member of your team is unable to attend the 2025 ACVS Surgery Summit, they may request complimentary registration for a 2025 ACVS Webinars Access Pass (Small Animal or Large Animal).	 **A premium 90-day job flash package ad is emailed to more than 2,000 veterinary professionals highlighted to stand out and remains high in search results 	

2025 ACVS Practice Partner Program — Participation Agreement

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PRIMARY CONTACT INFORMATION

<u>IMPORTANT</u> : The contact person is responsible for ensuring that information regarding the program is distributed within the organization and will authorize which employees are able to use the program benefits.				
Practice Name:		. ,		
Contact Name:				
Address:				
Email: Company url:		Phone #:	Phone #:	
		(Link to URL will be placed on www.acvs.org/practice-partners)		
SELECT FROM	M ANY OF THE FOLLOWING CO	ONTINUING EDUCATION AND REC	CRUITMENT OPTIONS	
	☐ CE Option 1 - \$3,000	☐ Recruitment Option 1 - \$1,5	000	
	☐ CE Option 2 - \$7,000	☐ Recruitment Option 2 - \$4,0	000	
	☐ CE Option 3 - \$9,000	☐ Recruitment Option 3 - \$8,5	000	
	9	SIGNATURES		
American College of Veterinary Surgeons		Signature		
Ann T. Loew		_		
Print Name	Date	Print Name	Date	
CEO				
Title		Title		



ACVS PRACTICE PARTNER PROGRAM

PAYMENT AUTHORIZATION — PARTICIPATION FEE

ACVS is a 501(c)(6) Tax-exempt Organization

Name of practice:		
Submitted by:		
Position title:		
Email:		
Phone #:		
Date:		
Total payment amount autho	orized for 202	25 ACVS Practice Partner Program: \$
☐ CE Option 1 - \$3,000	☐ Recruitm	nent Option 1 - \$1,500
☐ CE Option 2 - \$7,000	☐ Recruitm	nent Option 2 - \$4,000
☐ CE Option 3 - \$9,000	☐ Recruitm	ent Option 3 - \$8,500
Payment options:		
•		
☐ Pay by check the total author		: ks payable to American College of Veterinary Surgeons
Please mail this form and ch		American College of Veterinary Surgeons
r lease man tins form and ti	icer to.	Practice Partner Program
		19785 Crystal Rock Drive, Suite 305 Germantown, Maryland 20874
		Germantown, Maryland 20074
☐ Pay by credit card the total	authorized am	nount
Credit card #:/		/ □ American Express □ MasterCard □ VISA
Expiration date:	CVV code: _	Signature:
Name of cardholder:		Phone: ()
Billing address:		
C:h		Chate. 7im. Carrier.
City:		State: Zip: Country:

For credit card payment only, you may submit the completed form by fax to:

(301) 916-2287, Attn: Tracey Delaney