

# RACE Program – Presenter Recommendation Form

AMERICAN HOLISTIC VETERINARY MEDICAL ASSOCIATION  
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**Title of course/program to be presented:**

2019 American Holistic Veterinary Medical Association (AHVMA) Annual Conference | SEPT 7 – 10, 2019

**RACE Provider Name:**

American Holistic Veterinary Medical Association (AHVMA) – RACE PROVIDER # 131

**Name of presenter you are recommending:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_

**Your Credentials Information:** \_\_\_\_\_

**Your Phone Number:** \_\_\_\_\_

**Your E-Mail Address:** \_\_\_\_\_

Discuss your experience with the above individual as a speaker/presenter:

Discuss presenter's background in this field:

Please provide specific reasons for recommending the above individual as a speaker/presenter:

*I hereby certify that the above information is true and accurate to the best of my knowledge.*

Signature: \_\_\_\_\_