





Event Participation Report

SCAVMA Chapte	er:	
Contact Person:		
Event Title:		
Date:	Time:	Location:
Number of V	eterinary Studen	ıts:
Total Studen	t Body:	
CVM Staff, F	aculty, etc:	
	•	e-Vet, Pre-Med, Public Health, etc)
General Publ	ic:	