



YOUR WELSHPOOL REGIONAL CO-ORDINATOR NINA TUDOR RVN MBVNA  
INVITES YOU TO THE FOLLOWING REGIONAL MEETING:

## Pet Travel Scheme & Vector Borne Diseases

by  
**Joy Howell DipAVN(Surg) RVN MBVNA**

Monday 12<sup>th</sup> March 2012

At  
Harper Adams University College  
Newport, Shropshire, TF10 8NB

BVNA Members £10

Non-Members £15

Refreshments at 7pm lecture to start at 7.30  
CPD Certificates to all in attendance

Kindly sponsored by



**Bayer HealthCare**  
Animal Health

All practice staff welcome - please book before February 27th  
VERY LIMITED PLACES SO BOOK NOW TO AVOID DISAPPOINTMENT

For further information please contact [ninatudor@hotmail.com](mailto:ninatudor@hotmail.com)

How would you like to win £25 or a years membership to The BVNA?? Or even better full registration to BVNA Congress 2012. Make sure whilst at the meeting you are asked to complete an Rco Competition form, every 3 months all forms go into a draw and you could win a prize and once a year somebody will win BVNA Congress registration or £100.

This competition is kindly sponsored by:



**BVNA Regional Meeting Welshpool**  
**Pet Travel Scheme, 12<sup>th</sup> March 2012, Booking Form**

Booking is easy, you can pay by cheque which can be posted prior to the event or complete this booking form with your credit/debit card details.

**ALTERNATIVELY YOU CAN BOOK ONLINE (USING PAYPAL) ON THE BVNA WEBSITE [www.bvna.org.uk](http://www.bvna.org.uk)  
 QUOTING MEETING REFERENCE: R15-12/03/2012**

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Contact Telephone Number: \_\_\_\_\_

EMAIL ADDRESS FOR BOOKING CONFIRMATION: \_\_\_\_\_

**Emergency contact number in the event of short notice cancellation .....**

Delegate's Name	Status VN, SVN etc	BVNA Membership Number	Amount Payable
			Total amount payable £

**Please send this form and payment (cheques made payable to the BVNA) to:**

[Nina Tudor Dip AVN Dip HE CVN RVN MBVNA](#)  
[BVNA CPD](#)  
 3 Deedes Avenue  
 Millmead  
 Shrewsbury  
 SY2 6DZ  
 Tel (work): 01952 820280 Ext 5071

**\*Please note: fees are non-refundable in the event of non-attendance**

I wish to pay by \*CHEQUE/VISA/MASTERCARD (\*Delete as appropriate)(no cash payments please)

CARD NO	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Security Code (from back of card): \_\_\_\_\_ (3 digits)

Cardholders Name: \_\_\_\_\_ Signature: \_\_\_\_\_

