

**BVNA Regional Co Ordinator Kent**  
[MRSA, HADLOW COLLEGE - March 1<sup>st</sup> Reply Slip](#)

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:

[Donna Lewis](#)  
[9 Parsonage Manorway](#)  
[Upper Belvedere](#)  
[Kent DA17 6LN](#)  
[07976-963342](#)

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

I wish to pay by \*CHEQUE/VISA/MASTERCARD (\*Delete as appropriate)

CARD NO																			
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Expiry Date: \_\_\_\_/\_\_\_\_ Valid From or Issue Date: \_\_\_\_/\_\_\_\_ Issue No: \_\_\_\_

Security Code (from back of card): \_\_\_\_\_ (3 digits)

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

**ALTERNATIVELY YOU CAN BOOK ONLINE (USING PAYPAL) ON THE BVNA WEBSITE [www.bvna.org.uk](http://www.bvna.org.uk)  
 QUOTING MEETING REFERENCE: R11-01/03/12**

**RAFFLE AVAILABLE ON THE NIGHT - ALL PROCEEDS IN AID OF BVNA CHARITY OF THE YEAR  
 The Retired Greyhound Trust - Tickets £1 each - buy 1 get 1 FREE**