



YOUR NOTTINGHAM/LINCOLN REGIONAL CO-ORDINATOR ZOE DAVIES RVN A1 MBVNA
INVITES YOU TO THE FOLLOWING REGIONAL MEETING:

MRI In Practice

By

Graham Oliver BVSc CertSAO MRCVS

20th March 2012

At

East Midlands Referrals

222 Nottingham Road, Hucknall NG15 7QD

BVNA Members £10

Non-Members £15

Refreshments available from 7pm

SPEAKER TO START AT 7.30PM

CPD Certificates to all in attendance

Kindly sponsored by: **East Midlands Referral Centre**

All practice staff welcome, this talk has proven to be extremely well received in other regions
so please book early to avoid disappointment. **RSVP by 13th March 2012**

For further information please email zoedavies81@yahoo.co.uk

How would you like to win £25 vouchers, a year's membership with the BVNA, or even better, full registration to BVNA Congress 2011? Make sure whilst at the above meeting you complete an RCO Competition form. Every 3 months all forms go into a draw and you could win a prize, plus once a year somebody will win congress registration or £100.

This competition is kindly sponsored by:



BVNA Regional Co Ordinator Nottingham / Lincoln
20th March 2012, MRI in practice CPD Meeting 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:

Zoe Davies RVN A1 MBVNA
 9 Parkside
 Somercotes
 Alfreton
 Derbyshire E55 4LA
 Tel: 07877499389

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

**ALTERNATIVELY YOU CAN BOOK ONLINE (USING PAYPAL) ON THE BVNA
 WEBSITE www.bvna.org.uk QUOTING MEETING REFERENCE: R24-20/03/12**

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

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"/>
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Expiry Date: ____/____ Valid From or Issue Date: ____/____ Issue No: ____

Security Code (from back of card): _____ (3 digits)

Cardholders Name: _____ Signature: _____

If you require a receipt or confirmation of your booking please supply a SAE
 or alternatively I can confirm your booking via email if you supply your email address

