



YOUR SCOTTISH REGIONAL CO-ORDINATOR FIONA REID RVN MBVNA
INVITES YOU TO THE FOLLOWING REGIONAL MEETING:

Living With Pet Bereavement

Speaker

Dawn Murray CACB

Constitutes 4 hours CPD

To be held on

Sunday 22nd April 2012

West Beancross Farm

Polmont FK2 0XS

Registration 12.00pm, Lecture 12.30pm

BVNA Members £40

Non-Members £60

CPD Certificates to all in attendance

Kindly sponsored by



All practice staff welcome - please book before February 21st

LIMITED PLACES SO BOOK NOW TO AVOID DISAPPOINTMENT

For further information please contact fiona@vetnurse.co.uk

How would you like to win £25 or a year's membership to The BVNA?? Or even better full registration to BVNA Congress 2012! Make sure, whilst at the meeting, you 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 Scottish Regional Meeting Reply Slip

Pet Bereavement, 22nd April 2012

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 QUOTING MEETING REFERENCE: R1-22/04/2012

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
Receipt Required [] Name for receipt			Total amount payable £

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

[Fiona Reid RVN MBVNA](#)
77 Windsor Road
Falkirk
Stirlingshire
FK1 5HB

Mobile: 07866 669845

Work: 01324 815888

Fax: 01324 814488

***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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Expiry Date: ____/____ Valid From or Issue Date: ____/____ Issue No: ____

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

Cardholders Name: _____ Signature: _____

