



YOUR MIDLANDS REGIONAL CO-ORDINATOR SAMANTHA DAVIES RVN MBVNA
INVITES YOU TO THE FOLLOWING REGIONAL MEETING:

Cruciate Ligament Rupture

by

Malcolm McKee BVMS MVS DSAO MACVSc MRCVS
RCVS Specialist in Small Animal Surgery (Orthopaedics)

Wednesday 22nd February 2012

At

Willows Veterinary Centre and Referral Service
Highlands Road, Shirley, Solihull, West Midlands B90 4NH

BVNA Members £8

Non-Members £12

Hospital tour at 6.30pm, refreshments and registration from 7.15pm
Start at 8pm

CPD Certificates to all in attendance

Kindly sponsored by

WILLOWS^W

All practice staff welcome, please book early to avoid disappointment

RSVP by February 15th 2012

For further information please email samidavies@yahoo.co.uk
Or call 07989299339

How would you like to win £25 vouchers, a year's membership with the BVNA, or even better, full registration to BVNA Congress 2012? 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 Midlands
Cruciate Ligament Rupture 22nd Feb 2012 Reply Slip

Booking is easy, drop me an email or give me a call. You can pay by cheque which can be posted prior to the event or complete with your credit/debit card details.

ALTERNATIVELY YOU CAN BOOK ONLINE (USING PAYPAL) ON THE BVNA WEBSITE
www.bvna.org.uk QUOTING MEETING REFERENCE: R5-22/02/12

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:

Samantha Davies
60 Cinder Road
Gornal Wood
Dudley
West Midlands
DY3 2RJ

***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.	<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