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**BVNA Congress Registration**

**Invoice Request Form**

(if registering 5 or more delegates)

Please send the completed form to **bvna@bvna.co.uk**

10% discount is available on registration fees if registering 10 or more delegates

**Practice**

|  |  |
| --- | --- |
| Practice Name, Address, Postcode |  |
| Is your practice part of a corporate group? If yes, please specify |  |
| Contact Name |  |
| Contact Email |  |
| Purchase Order No. |  |
| Amount to be invoiced |  |

**Delegates**

|  |  |
| --- | --- |
| **Delegate Name 1** |  |
| Membership No. (if applicable) |  |
| Mobile Number |  |
| Email Address |  |
| Category (please tick/highlight) | RVN 🞏 | REVN 🞏 |
|  | Student 🞏 | Equine Student 🞏 |
|  | Head Nurse 🞏 | Nursing Assistant 🞏 |
|  | Receptionist 🞏 | Practice Manager 🞏 |
|  | VN Educator 🞏 | Veterinary Surgeon 🞏 |
|  |  |  |
| Registration (please tick/highlight) | Friday 🞏 | Saturday 🞏 |
|  | Sunday 🞏 | Friday & Saturday 🞏 |
|  | Saturday & Sunday 🞏 | Whole Congress 🞏 |
|  | Exhibition Only 🞏 |  |
| Dietary Requirements |  |
| Social Event Tickets | Friday Social 🞏 | Saturday Dinner Dance 🞏 |
| **WORKSHOPS** (please list below, which workshops the delegate wishes to attend) |
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|  |  |
| --- | --- |
| **Delegate Name 2** |  |
| Membership No. (if applicable) |  |
| Mobile Number |  |
| Email Address |  |
| Category (please tick/highlight) | RVN 🞏 | REVN 🞏 |
|  | Student 🞏 | Equine Student 🞏 |
|  | Head Nurse 🞏 | Nursing Assistant 🞏 |
|  | Receptionist 🞏 | Practice Manager 🞏 |
|  | VN Educator 🞏 | Veterinary Surgeon 🞏 |
|  |  |  |
| Registration (please tick/highlight) | Friday 🞏 | Saturday 🞏 |
|  | Sunday 🞏 | Friday & Saturday 🞏 |
|  | Saturday & Sunday 🞏 | Whole Congress 🞏 |
|  | Exhibition Only 🞏 |  |
| Dietary Requirements |  |
| Social Event Tickets | Friday Social 🞏 | Saturday Dinner Dance 🞏 |
| **WORKSHOPS** (please list below, which workshops the delegate wishes to attend) |
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|  |  |
| --- | --- |
| **Delegate Name 3** |  |
| Membership No. (if applicable) |  |
| Mobile Number |  |
| Email Address |  |
| Category (please tick/highlight) | RVN 🞏 | REVN 🞏 |
|  | Student 🞏 | Equine Student 🞏 |
|  | Head Nurse 🞏 | Nursing Assistant 🞏 |
|  | Receptionist 🞏 | Practice Manager 🞏 |
|  | VN Educator 🞏 | Veterinary Surgeon 🞏 |
|  |  |  |
| Registration (please tick/highlight) | Friday 🞏 | Saturday 🞏 |
|  | Sunday 🞏 | Friday & Saturday 🞏 |
|  | Saturday & Sunday 🞏 | Whole Congress 🞏 |
|  | Exhibition Only 🞏 |  |
| Dietary Requirements |  |
| Social Event Tickets | Friday Social 🞏 | Saturday Dinner Dance 🞏 |
| **WORKSHOPS** (please list below, which workshops the delegate wishes to attend) |
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| --- | --- |
| **Delegate Name 4** |  |
| Membership No. (if applicable) |  |
| Mobile Number |  |
| Email Address |  |
| Category (please tick/highlight) | RVN 🞏 | REVN 🞏 |
|  | Student 🞏 | Equine Student 🞏 |
|  | Head Nurse 🞏 | Nursing Assistant 🞏 |
|  | Receptionist 🞏 | Practice Manager 🞏 |
|  | VN Educator 🞏 | Veterinary Surgeon 🞏 |
|  |  |  |
| Registration (please tick/highlight) | Friday 🞏 | Saturday 🞏 |
|  | Sunday 🞏 | Friday & Saturday 🞏 |
|  | Saturday & Sunday 🞏 | Whole Congress 🞏 |
|  | Exhibition Only 🞏 |  |
| Dietary Requirements |  |
| Social Event Tickets | Friday Social 🞏 | Saturday Dinner Dance 🞏 |
| **WORKSHOPS** (please list below, which workshops the delegate wishes to attend) |
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| --- | --- |
| **Delegate Name 5** |  |
| Membership No. (if applicable) |  |
| Mobile Number |  |
| Email Address |  |
| Category (please tick/highlight) | RVN 🞏 | REVN 🞏 |
|  | Student 🞏 | Equine Student 🞏 |
|  | Head Nurse 🞏 | Nursing Assistant 🞏 |
|  | Receptionist 🞏 | Practice Manager 🞏 |
|  | VN Educator 🞏 | Veterinary Surgeon 🞏 |
|  |  |  |
| Registration (please tick/highlight) | Friday 🞏 | Saturday 🞏 |
|  | Sunday 🞏 | Friday & Saturday 🞏 |
|  | Saturday & Sunday 🞏 | Whole Congress 🞏 |
|  | Exhibition Only 🞏 |  |
| Dietary Requirements |  |
| Social Event Tickets | Friday Social 🞏 | Saturday Dinner Dance 🞏 |
| **WORKSHOPS** (please list below, which workshops the delegate wishes to attend) |
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I hereby authorise for you to invoice the practice for the above registrations.

|  |  |
| --- | --- |
| **Name** |  |
| **Signed** |  |
| **Date** |  |  |