

## CPD Registration Form

**Title**

**First Name**

**Surname**

**Qualifications  
(Veterinary or Chiropractic)**

**Address:**

**Telephone Number**

**Mobile**

**eMail**

**Special dietary  
requirements**

I acknowledge that horses are unpredictable and I am attending at my own risk

Fees for 4-day course: £1000

Please make cheques payable to Equine Vet CPD and send it along with the completed form to Sue Devereux, Meadow Rise, The Street, Farley, Salisbury, Wiltshire, SP5 1AB, England.