Surgery Q&A

Wednesday
21st August 2013

Times:
7:00pm— Light Supper
7.30pm— Surgery Q&A
9.00pm— Evening close

Venue:
VCS 2.008
(4th Year Lecture Theatre)
Murdoch University Vet School

Price:
$55.00 CVE Subscribers
$66.00 non-Subscribers
Includes Notes

Join Mark and Lynne for an entertaining evening of orthopaedic surgical Q&A on forelimb problems. You have the opportunity to submit your own case radiographs prior to the event and have them discussed anonymously on the night. Interesting cases from Murdoch’s Veterinary Hospital will also be presented.

This will be an informal, interactive case discussion in the Q&A style with the focus on practical solutions to forelimb orthopaedic problems commonly encountered in small animal practice.

At the end of the night you will walk away with practical, up-to-date approaches, tips and solutions for your own orthopaedic cases.

Your material must be submitted to: cve@murdoch.edu.au no later than Tuesday, 13th August to be considered for the night.
Feel free to call Mark on (+618) 9360 2295 if you have any questions.

Proudly sponsored by Hill’s Pet Nutrition

This evening offers 1.5 AVA Vet Ed points

Murdoch’s small animal surgery team represents more than 70 years of combined surgical experience!

This evening is a unique opportunity to have your own cases discussed and any questions answered.

---

**Registration:** Please complete the section below and return by fax to +61 8 9360 7283 or scan and email to cve@murdoch.edu.au by Tuesday, 13th August 2013

Veterinary Practice: .................................................................................................

Name(s) of registering Vet(s): Email address(es): CVE Subscriber AVA # (if applicable):
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................

Cardholder’s name: .......................................................... Signature: ..........................................................

Postal address: ........................................................................................................................................

Phone: .......................................................... Fax: ..........................................................

Email: ........................................................................................................................................

Total amount: $.......................... Card type: Visa ☐ Mastercard ☐

Card number: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Expiry date: ☐ ☐ ☐ ☐ ☐ ☐ ☐ CVC: ☐ ☐ ☐ ☐ ☐ ☐ ☐