

**Three Day Equine Anatomy Clinic 26<sup>th</sup>, 27<sup>th</sup> and 28<sup>th</sup> April 2019**

**"A Matter for Dissection"**

Sharon May-Davis is a world renowned Equine Therapist and Scientist. Her experience with performance horses has spanned nearly 40 years and boasts clients representing Australia in four equestrian disciplines. Her practical applications have been supported by an array of academic qualifications that have been obtained at Tertiary and University levels in Australia and the United States of America. These include a Bachelor of Applied Science (Equine), a Research and Coursework Masters Degree (4 Equine Thesi) and numerous Equine Therapeutic qualifications.

In addition, Sharon has taught equine subjects at various educational facilities for over 15 years and spoken at many seminars, expositions and workshops in Australia and overseas. One particular highlight occurred in 2005, when she spoke at the World Expo in Achi Japan on three equine subjects.

Over the years, Sharon has earned two descriptive nicknames - "The Bone Lady" and "Equine CSI". This was due to her research into equine anatomy and skeletal articulations, and as a direct consequence, Midway College Kentucky awarded her a "Certificate of Honor" in recognition. This was soon followed by her appointment as the Equine Anatomical Consultant for Edu-Corp Inc., America.

Sharon's devotion to performance horses and her comprehensive understanding of associated anatomy and athletic ability has seen her develop specific techniques relevant to various equine disciplines and rehabilitation. As a direct consequence, horses have improved their athletic capabilities and the record books verify their accomplishments. However, none of this could have been achieved without the knowledge of what lay beneath the outer layer of hair and skin. With this in mind, Sharon is always striving to understand the variations that lie within and thus, is looking forward to presenting this clinic so that we all may gain from the experience.

**Address:** 470 Middle Creek Rd, Yarck, Vic 3719 **What time:** 8.30 am please be on time as we have a lot to get through! We suggest you arrive at 8.30am to settle yourself. The lectures start at 9am sharp.

**Bookings:** Ph: 03 57734306 (leave message) Fax: 03 57734307 Email: admin@barehoofcare.com

**What to bring:** Your lunch. Morning and afternoon tea is provided. Anything you might need for note taking.

**Fees: (GST inclusive) \$425.00 (\$100 NRD)** Cancellations – all fees, less \$100, will be refunded if a medical certificate is provided within 7 days preceding the workshop A full refund will be issued should it be necessary for a clinic to be cancelled. **COURSE PLACEMENTS FILLED IN ORDER OF PAYMENTS RECEIVED.**

**To register for the workshop:** Please sign and return the attached registration slip and **waiver form (this must be witnessed)** along with your cheque, money order, direct deposit confirmation or CC details to **Andrew Bowe 470 Middle Creek Road, Yarck, Vic 3719.** or Fax 03 57734307

**Payment** Write cheque or money order to A Bowe and mail to us with registration and waiver or direct deposit to: Commonwealth bank Alexandra: MRS N AND MR A BOWE BSB: 063628 ACCOUNT: 10086772 please quote name & clinic. Or Pay by credit card, write details below or phone.

Please send with payment and registration/waiver form

**Date: Friday 26<sup>th</sup>, Saturday 27<sup>th</sup> and Sunday 28<sup>th</sup> April 2019**

Name of Participant: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Payment Option 1:** I have enclosed a cheque/money order for **\$ 425.00**

**Payment Option 2:** I have direct deposited **\$ 425.00** into Commonwealth Bank: **MRS N AND MR A BOWE** BSB: **063628** ACCOUNT: **10086772** with my name and **SMD DIS** attached.

**Payment Option 3:** I would like to pay with my Visa or Master Card.

Write details below or phone. Amount **\$ 432.00** (\$7.00 surcharge)

Type \_\_\_\_\_ Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Exp Date \_\_\_\_ / \_\_\_\_ Name on card \_\_\_\_\_