**Expression of Interest Form**

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| **Contact Information (for our records only)** |
| Contact Name |  |
| Hospital  |  |
| Position |  |
| Phone Number |  |
| Email Address  |  |

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| **Event Details** |
| Please tick the BSSVD meeting you are interested in hosting: |
| One-Day Virtual Meeting 2024 |  |
| Two-Day Face to Face Meeting 2025 |  |

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| **Agenda** |
| Please include a list of topics you are considering covering in the event agenda… |
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Please email your completed form to admin@bssvd.org