



“The Art of Teamwork” with Christina Bunn, CNWI™

Workshop Description:

Unlike any other dog sport, detection sports rely mostly on the dog. We are utilizing a nonspeaking being to detect something with their nose that we cannot see. Wow, that sounds challenging! Even though the dog has the nose we are supposed to have the brains. As the scent problems increase, time limits decrease, the dog requires and even appreciates well timed non-obtrusive assistance. We will be exploring each individual team and there will be opportunity to learn how relationship is truly at the heart of teamwork.

- To leash or not to leash and the factors that would help you decide
- To pattern or not and what is a pattern anyway? Is it right for my dog?
- Dealing with recreational sniffing
- Moving your dog off one hide to find more in a non-conflicting way
- And so much more

Christina will be working with 8-10 demo teams on Saturday and Sunday.

Christina Bunn is the owner and master trainer of Puget Sound Detection Dogs, and has trained detection dogs professionally for over 18 yrs. She is a K9 handler for her local county's search and rescue program and involved in Pet Partners, competitive obedience and HOPE AACR. In addition, she is a CNWI, Trial Judge and nose work camp instructor, and presents seminars nationwide.

Date and Time:

Saturday, October 7, 2017 from 9:00 am – 5:00 pm (registration at 8:30 am)

Sunday, October 8, 2017 from 9:00 am – 5:00 pm (registration at 8:30 am)

Location and Directions:

Bloomsburg Fire Hall (meeting room), 911 Market Street, Bloomsburg, PA 17815

From I-80 W or E, take exit 232 (Buckhorn) onto PA-42 S/Mall Blvd towards Bloomsburg. Merge onto US-11 N/W Main Street via the ramp on the LEFT towards Bloomsburg. Turn right onto Market Street. Turn left onto 9th Street. The parking lot is on your left. The meeting room entrance is on Market Street.

Cost per person:

One day: \$125.00/day before September 1, 2017; \$140.00/day after September 1, 2017

Both days: \$225.00/both days before September 1, 2017; \$250.00 after September 1, 2017

Payment:

Send check or money order to address at the bottom of the registration form, or via paypal to contact@herocanineconsulting.com. You will receive an email confirmation upon receipt.

What to Bring

Bring a comfortable chair (regular chairs will be on site), notebook and pen.

Food

We will provide some beverages and snacks. There will be a 1- 1 ½ hour lunch break each day. Restaurants are within 1 mile of the facility.

Dog Policy

This is a non-working seminar (except for working dogs). Please leave your dogs at home or in appropriate vehicles if you must bring your dog. You must clean up after your dog, and your dog must be able to remain quietly in a car.

Video and audio-taping

Please no unauthorized video- or audio-taping – please sign the photography/video release form below.

Local Dog-Friendly Hotels – please check pet policies before making reservations!

Red Roof Danville, 300 Red Roof Road, Danville, PA 17821, Tel. (570) 275-7600, www.redroof.com

Quality Inn & Suites, 15 Valley West Road, Danville, PA 17821, Tel. (570) 275-5100 www.qualityinn.com

Days Inn Danville, 50 Sheraton Rd, Danville, PA 17821, Tel. (570) 275-5510, www.daysinn.com

Super 8 Danville, 35 Sheraton Road, Danville, PA 17821, Tel. (570) 275-4640, www.Super8.com/Danville

Econo Lodge Bloomsburg, 189 Columbia Mall Dr, Bloomsburg, PA, 17815, Tel. (570) 387-0490

www.econolodge.com

Inn at Turkey Hill, 991 Central Rd, Bloomsburg, PA 17815, Tel. (570) 387-1500, www.innatturkeyhill.com

SCROLL DOWN FOR REGISTRATION FORM!

“The Art of Teamwork” with Christina Bunn Registration Form

Please fill out the form and sign the cancellation policy, photography and video release authorization form and liability waiver. You will receive an email confirmation upon receipt of your registration and payment. Please contact Silke at contact@herocanineconsulting.com if you have any questions.

Name: _____ **Attendance:** Sat___ Sun___ Both days ___

Are you a CNWI™: Yes ___ No ___

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

E-mail (please print clearly): _____

Working Teams

We will be choosing **8-10 working teams** for Saturday and Sunday. Working spots will preferentially be given to those who attend both days.

Requirements: Only one dog per handler. Dog must be comfortable being watched by a large group of people and able to stay quietly in crate or vehicle out of sight from their handlers.

If you would like us to consider your dog for this workshop, please fill out the information below. Please note that you are NOT guaranteed a working spot by filling out the questionnaire.

Dog's Name: _____ Breed: _____

Age: _____ Gender: _____ Intact or Neutered/Spayed: _____

Dog is on (please circle all that apply): Primary reward only Odor Paired Birch Anise Clove

Titles achieved or attempted: NW1 – date: _____ NW2 – date: _____ NW3 – date: _____

Elite – date: _____ Other: _____

Any K9NW Training Issues: _____

Does your dog have any behavioral issues, e. g. fear of strangers, reactivity towards other dogs, apprehension in new environments, fear of noises or slippery floors, other)

___ Yes (please elaborate: _____)

___ No

Is your dog current on vaccinations/titers:

Yes ___ No ___ If no, please explain _____

Are there any health restrictions for you or your dog:

Yes ___ No ___ If yes, please explain _____

Cancellation Policy

All cancellations must be in writing and will be confirmed by return email. Your cancellation will not be valid without a written confirmation of receipt from HeRo Canine Consulting LLC.

- Full refund up to August 1, 2017 minus \$25.00 admin fee
- 50% refund up to September 1, 2017
- No refunds after September 1, 2017
- No refund for no-shows
- Non-working spots may be transferred to another person. The person originally registered is responsible for organizing replacement. The person originally registered MUST give HeRo Canine Consulting at least 24 hours' notice prior to the event and provide HeRo with the name, phone number and email address of replacement. The person originally registered is responsible for organizing reimbursement. An additional administrative fee of \$25.00 applies, to be paid by check, money order or cash to HeRo Canine Consulting, by the replacement person at the sign-in desk.

I have read, understand and agree to the above:

Name (Print)	Signature	Date
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Photography and Video Release Authorization Form

I understand that education and public relations are an important part of participating in a National Association of Canine Scent Work, LLC[®] (NACSW[™]) or K9 Nose Work[®] event. I give the NACSW[™], K9 Nose Work[®], and their representatives or agents the right and permission to use my name, likeness, and voice, in all types of advertising, promotional, or educational materials. This right and permission includes, but is not limited to, photographs, video recordings, audio recordings, and all other media in which my name, likeness, or voice may be reproduced. I ask that the above-mentioned use reasonable efforts to give me advance notice of any such use, but such notification is not a condition to release media for educational or public relations purposes.

I have read, understand and agree to the above:

Name (Print)	Signature	Date
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Liability Waiver

I hereby waive, release, and agree to hold harmless, Silke Wittig, HeRo Canine Consulting LLC, Bloomsburg Fire Dept., NACSW[™], Christina Bunn, volunteers, and/or agents, for injury and/or damage which I, my family, my guests, or my dog may suffer, including, but not limited to, any injury or damage resulting from the action of any dog(s) during the event or on the facility grounds.

In addition, I expressly assume the risk of such injury or damage while attending any event, any other function of Organizers, and/or while on the facility grounds or surrounding areas thereto.

I hereby agree to indemnify, compensate, and hold harmless Silke Wittig, HeRo Canine Consulting LLC, Bloomsburg Fire Dept., NACSW[™], Christina Bunn, volunteers, and/or agents from any and all claims that may be asserted against them by any person(s) as a result of any action by me or my dog(s) that causes injury and/or damage.

I have read, understand and agree to the above:

Name (Print)	Signature	Date
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Please return completed form (p. 3 and 4) and payment (make checks payable to HeRo) to:

HeRo Canine Consulting LLC
attn. Christina's seminar
175 B Tunnel Road
Bloomsburg, PA 17815