



Association of Child Psychologists in Private Practice

## EXPERT WITNESS TRAINING DAY

3<sup>rd</sup> April 2008 at the New Connaught Rooms, Covent Garden WC2.

### Members form for attendance at the AChiPPP Expert Witness Training Day

If your membership has expired or is due to expire soon you may prefer to use the joint application form so that you can renew your membership and apply for this training day at the same time.

If your membership has expired and you do not intend to renew your membership please complete the non-members form rather than the members form.

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Telephone number \_\_\_\_\_ Email \_\_\_\_\_

Membership Number: \_\_\_\_\_

Address for correspondence \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

#### Dietary requirements (please tick as appropriate)

No / Yes (please specify) .....

#### Any disability requirements

No / Yes (please specify) .....

Please forward this form together with a cheque for £135 to:

AChiPPP c/o 15, Hermitage Road, St John's, Woking, SURREY GU21 8TE.

Telephone enquiries: 01932 887488

Email: [Enquiry@achipp.org.uk](mailto:Enquiry@achipp.org.uk)