



Association of Child Psychologists in Private Practice

EXPERT WITNESS TRAINING DAY

3rd April 2008 at the New Connaught Rooms, Covent Garden WC2

This form is for attendance at the AChiPPP Expert Witness Training Day only.

Please note that if you are eligible to join AChiPPP you can save £15 by using the joint training day and membership form which is also on the AChiPPP website.

First Name _____ Surname _____

Telephone number _____ Email _____

Address for correspondence _____

_____ Post code _____

The conference is open to practicing Child Psychologists who are recognised by their professional organisation e.g. BPS, AEP or equivalent.

Professional Association Membership no.....

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 £195 to:

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

Telephone enquiries: 01932 887488

Email: Enquiry@achipp.org.uk

This form is for non-members. If you are working in private in private practice for part of your working week then think about joining AChiPPP now. By doing so you will get the cost of your membership included in the price of the training day and qualify for a further discount of £15.