



**AChiPPP**

Association of Child Psychologists in Private Practice

**FAMILY LAW EXPERT WITNESS TRAINING DAY**

**17<sup>th</sup> October 2008 Sheffield**

**Members form for attendance at the Sheffield AChiPPP Expert Witness Training Day**

***Note: 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.***

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 £125 to:**

**AChiPPP c/o 4 Morcote Close Shalford SURREY GU4 8DN.**

**Telephone enquiries: 01932 887488 or 01483 456476**

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

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.