



Association of Child Psychologists in Private Practice

Neuropsychology and Executive Functioning TRAINING DAY

15th June 2009
New Connaught Rooms, London.

Members form for attendance at the AChiPPP Training Day

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.

Email: Enquiry@achipp.org.uk

Enquiries to AChiPPP Administrator:- margaret.kuzmin@ntlworld.com