



Association of Child Psychologists in Private Practice

Neuropsychology and Executive Functioning TRAINING DAY

15th June 2009
New Connaught Rooms, London.

Non-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 £195 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