



Course details: **Neuroanatomy for Psychiatry**, Saturday August 2nd 2008
Venue: Institute of Child Health, London, UK

Registration and Booking form

Please complete this form in BLOCK CAPITALS. Fields marked with an asterisk are mandatory.

* Title		* Surname	
* Forename(s)			
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I have read the terms and conditions at <http://www.neurocourses.com> and agree to them. I understand that if I decide to cancel I must give at least 28 days' notice to receive a full refund.

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I enclose a cheque for £150 payable to "**Neurocourses UK**" (pounds sterling only)

Special dietary requirements: _____

Return cheques and completed registration forms to:

Dr Paul Johns, 1st Floor Queen Square House, Institute of Neurology, Queen Square,
London WC1N 3BG