

COMPASS PSYCARE LTD.

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CASC COURSE (FALL 2009) REGISTRATION FORM

Course held at: Institute of Psychiatry, 16 De Crespigny Park, London, SE5 8AF

3, 4 October 2009

Please reserve ___ places for the above Course. I have attached payment by check payable to COMPASS PSYCARE LTD. for _____ for ___places @£460.00 (£400+VAT at 15%)

I understand that my place is not assured until I have received written (email) confirmation that a place has been reserved for me. This would be on realization of full payment, less any discounts.

_____	_____	_____
Last Name	First Name	Middle Initial

Street		

_____	_____	_____
City	State	Zip

_____	_____	
Phone	Fax	

E-mail		

By registering for this course, I give permission to record moving and still images of me which will be used for educational purpose only. The dissemination of the images so recorded will be on my expressed permission only.

I accept that Compass Psycare Ltd. reserves the right to change the published program and course content without giving notice to all registrants. Once registered, a place can be given to another person but only with written intimation to Compass Psycare Ltd.

Signature

Month / Day / Year

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