



Please complete all sections in BLOCK CAPITALS.

Title – please circle Dr Mr Mrs Miss Ms

Name: .....

Surname: .....

Address: .....

.....

.....Postcode: .....

Email address: .....

Telephone number

Work: .....

Home/Mobile: .....

Profession

Employed  Self Employed  Student

Please specify: .....

.....

Name of Society (if applicable): .....

.....

Where did you hear about the CAPS event(s) you are applying for?

Direct Mail  Website   
Advertisement  Flyer   
Personal recommendation

Other (please specify): .....

### BOOKING

Note: Participants to Clinical Workshops are expected to be members of the BPC or the UKCP, though participation to individual workshops may vary. If you are unsure whether a workshop is suitable please contact Winnie Dehaney for clarification.

Please indicate which events you would like to attend:

#### Clinical Workshops

Caroline Garland with David Taylor & Cyril Couve £95   
David Morgan £95   
Joan Schachter and Luigi Capparotta £95   
Chris Mawson £95   
Penelope Crick £95   
Jane Milton £95

#### Lectures

Irma Brenman Pick £15  How many?  \_\_\_\_  
Marilia Aienstein £15  \_\_\_\_  
John, Lord Alderdice £15  \_\_\_\_

#### Student tickets

Lecture  
Irma Brenman Pick £8  How many?  \_\_\_\_  
Marilia Aienstein £8  \_\_\_\_  
John, Lord Alderdice £8  \_\_\_\_