



Schedules for
Clinical
Assessment in
Neuropsychiatry

COURSE REGISTRATION FORM

NAME:

ADDRESS:

TELEPHONE NUMBER:

E-MAIL ADDRESS:

DATE OF COURSE:

Please enclose your cheque made payable to: *The University of Nottingham* for £750, with this registration form and return as soon as possible to

Mrs Dorothy Roper
Division of Psychiatry
E Floor, South Block
Queen's Medical Centre
Nottingham NG7 2UH

The course manuals and other documentation will then be sent to you.

Please contact Mrs Roper if you have any queries, on:

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F: 0115 823 0265

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