

# THE WMIP JUNGIAN PUBLIC LECTURES 2009/2010

## Application Form

Please tick the lectures you wish to attend:

Lecture 1 Laurie Slade / Jan Wiener 7 November 2009   
(Booking to be received by 24<sup>th</sup> October 2009)

Lecture 2 Brett Kahn 23 January 2010   
(Booking to be received by 16<sup>th</sup> January 2010)

Lecture 3 James Fisher 6 March 2010   
(Booking to be received by 27<sup>th</sup> February 2010)

Lecture 4 David Hewison 15 May 2010   
(Booking to be received by 8<sup>th</sup> May 2010)

Lecture 5 Donald Kalsched / Margaret Wilkinson 5 June 2010   
(Booking to be received by 22<sup>nd</sup> May 2010)

### COSTS:-

**Lectures 1 and 5 - £70.00 (WMIP members) and £80.00 (non-WMIP members) per lecture**

These lectures will take place at Staff House, University of Birmingham and will run from 10.15am – 2.45pm (Lecture 1) and 10.15am – 4pm (Lecture 5) (lunch is included)

**Lectures 2, 3 and 4 - £35.00 (WMIP members) and £45.00 (non-WMIP members) per lecture**

These lectures will take place at the Barber Institute of Fine Arts and will run from 10.15am – 12.45pm

Title: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

(Please note that confirmation of your place will be sent to you by email if an email address is provided. This helps us to keep our mailing costs to a minimum)

Where did you hear about us?: \_\_\_\_\_

Your Work or Professional Body: \_\_\_\_\_  Please tick if WMIP Member

Reasons for wishing to attend: \_\_\_\_\_

Do you require a certificate of attendance for CPD purposes?: Yes / No

Would you like vegetarian food for lunch?: Yes / No (applicable to Lectures 1 and 5 only)

Do you require facilities for the disabled?

If so please specify: \_\_\_\_\_

Please enclose your cheque made payable to 'The Jungian Training Committee' and return with this completed form, **no later than the date specified above for the first event you wish to attend, to:**  
Sue Harford, Administrator to the Jungian Training Committee, PO Box 955, Doncaster, DN10 4WR

(Please complete the reverse of this form if more than one person attending)

**Additional Attendees:-**

Title: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Title: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_