

The Training in Contemporary Psychoanalytic Psychotherapy

REGISTRATION FORM FOR ATTENDANCE AT THE TCPP SATURDAY SEMINARS

Surname		Title:		
Name(s)				
Address				
			Post Code:	
Phone No(s)	Land Line:			
	Mobile:			
E-mail address				
Occupation				
Employer's Name				
Employer's Address			Post Code:	
Reason for wishing to attend seminars				
Are you a member of the WMIP?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
How did you hear about The TCPP? (please ✓ appropriate box opposite)	Website	<input type="checkbox"/>		
	WMIP Mailing	<input type="checkbox"/>		
	The TCPP Mailing	<input type="checkbox"/>		
	Word of Mouth via a colleague	<input type="checkbox"/>		
	Advertisement – Which publication? (please state below)	<input type="checkbox"/>		
	Other – please state below	<input type="checkbox"/>		
Please provide details of a sponsor or referee who could vouch for you	Name:			
	Occupation:			
	Address:			
			Post Code:	
	Phone:			

Space is limited, therefore it is advisable to book a place on any seminar you wish to attend.

Thank you for your time in completing this registration form. Please return to Carmela Billingham, The TCPP Administrator, c/o 2 Haddon Croft, Hayley Green, Halesowen, West Midlands, B63 1JQ Tel: 07939 255 534 E-mail: cbassociates@lineone.net

**Committee Members: Helen Flanagan (Chair),
Rosie Hogg, Helen Maté, Christine Pitt (Admissions Tutor), Martina Wright**