

From The Psychometric Laboratory  
For Health Sciences

Within The Academic Department of Rehabilitation Medicine

**PLEASE complete all sections and PLEASE print clearly**

Registration Details

Name: \_\_\_\_\_ Prof/Dr/Mr/Mrs/Miss/Ms

Job Title: \_\_\_\_\_

Employing Organisation: \_\_\_\_\_

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

Postcode: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

Course	Dates	Course Price GBP	✓ Date	2 Nights Hotel Accommodation (b & b basis) ✓ If Needed
Introductory	May 4-6 '11	£450		£160
	Sept 14-16 '11	£450		£160
	Nov 30-Dec 2 '11	£450		£160
	Mar 21-23 '12	£450		£160
	May 23-25 '12	£450		£160
	Sept 5-7 '12	£450		£160
	Dec 5-7 '12	£450		£160
Intermediate	May 9-11 '11	£750		£160
	Sept 19-21 '11	£750		£160
	Dec 5-7 '11	£750		£160
	May 28-30 '12	£750		£160
	Sept 10-12 '12	£750		£160
	Dec 10-12 '12	£750		£160
Advanced	Sept 22-24 '11	£800		£160
	Sept 13-14 '12	£800		£160

Additional bed & breakfast can be booked at £80 per night, please give dates required:

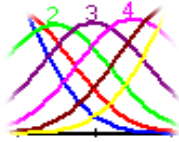
**Please advise of any food allergies:**

**Please Complete the Payment Details Page**

Contact Details: Vikki Lane – Administrator Phone: +44 [0]113 392 2534 Fax: +44 [0]113 392 2559 Email: [v.e.lane@leeds.ac.uk](mailto:v.e.lane@leeds.ac.uk)

The Completed forms can be emailed, faxed or posted to

Vikki Lane, The Academic Department of Rehabilitation Medicine, The University of Leeds, D Floor, Martin Wing, Leeds General Infirmary, Leeds, LS1 3EX, UK



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Payment Details for Rasch Courses

**For Payment by INVOICE**

Please attach a **PURCHASE ORDER** or **Email** from your head of department or finance office stating they are willing to accept the detailed charges and giving full name, postal address, email, fax number and telephone number for employment organisation and also full bank details

**For Payment by CHEQUE**

Please make your cheque payable to 'The University of Leeds' and send to Vikki Lane, The Academic Department of Rehabilitation Medicine, The University of Leeds, D Floor, Martin Wing, Leeds General Infirmary, Leeds, LS1 3EX, UK

**For Payment by DIRECT BANK TRANSFER**

Please contact Vikki Lane [v.e.lane@leeds.ac.uk](mailto:v.e.lane@leeds.ac.uk) for further details

**For Payment by LEEDS UNIVERSITY INTERNAL ACCOUNT TRANSFER**

Please give Account Number for transfer

**For Payment by CREDIT CARD**

Please give the name and address of the **REGISTERED** card user

Name:

Prof/Dr/Mr/Mrs/Miss/Ms

Address:

.....  
.....  
.....

Postcode:

.....

Card Details – Please indicate card type

Switch/Visa Electron/Visa Debit

MasterCard

Visa

Issue #:

Start Date:

Exp. Date:

Last 3 Digits on Reverse:

Total Amount to be Charged: GBP £

Card Number:

Signature: