

**From The Psychometric Laboratory
For Health Sciences**

Within The Academic Department of Rehabilitation Medicine

Registration Details

Name: _____ **Prof/Dr/Mr/Mrs/Miss/Ms**

Job Title: _____

Employing Organisation: _____

Address: _____

Postcode: _____

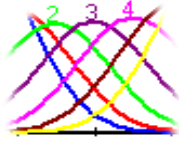
Telephone Number: _____ **Fax Number:** _____

Email: _____

Course	Dates	Course Price GBP	✓ Dates	2 Nights Hotel Accommodation (b & b basis) ✓ If Needed	
Introduction to Structural Equation Modelling with AMOS	June 20-22 '12	£500		£160	
Introduction to Structural Equation Modelling with AMOS	Dec 10-12 '12	£500		£160	
Introduction to Structural Equation Modelling with AMOS	June 26-28 '13	£500		£160	
Introduction to Structural Equation Modelling with AMOS	Dec 4-6 '12	£500		£160	
Introduction to Structural Equation Modelling with AMOS	June 18-20 '14	£500		£160	

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

Please Complete Payment Details Below



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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 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: