

# Cogmed and Working Memory Conference 2012 Booking Form

**20% SPECIAL OFFER EXTENDED  
TO 10 SEPTEMBER 2012**

Location / Date: London, 9th October 2012

Start Time: 10am / Finish Time: 4pm

Fee/Delegate exc VAT: £95 (£76 early bird)

AM Sessions will include:

- Keynote: Darren Dunning 10:00am
- Workshops offered by Glasgow Dyslexia Support Service and Karen Faulds.

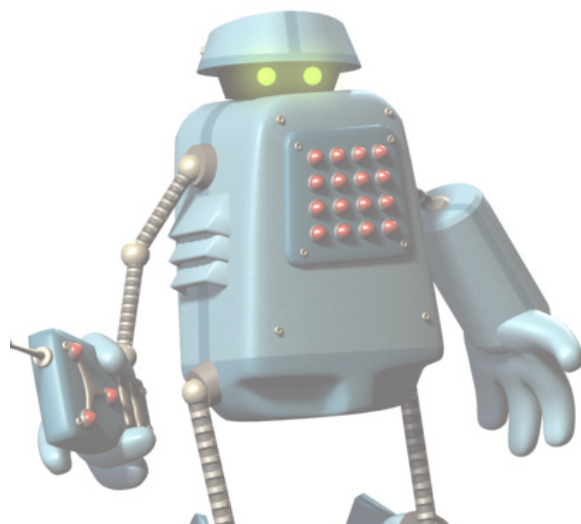
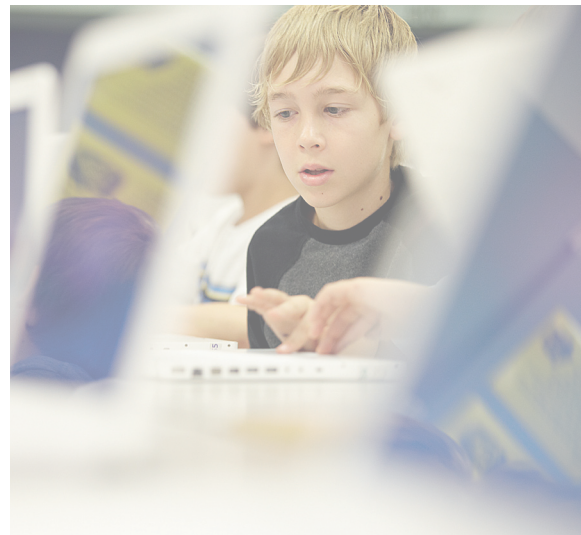
PM Sessions will include:

- Keynote: Joni Holmes 3:00pm
- Workshops – content TBC.

Early Bird Delegate Fees £76.00 plus VAT  
(Lunch and refreshments included)

**QUOTE ZACOGMED9 when booking**

For more details visit [www.cogmed.uk.com](http://www.cogmed.uk.com)



# Cogmed and Working Memory Conference Booking Form

## Contact Details of Delegate: (Please complete in BLOCK CAPITALS)

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Position: \_\_\_\_\_

Address (please tick as appropriate) Home  Work

\_\_\_\_\_

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

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

Email: (Please write clearly, your address will be used to confirm attendance) \_\_\_\_\_

Reg number: \_\_\_\_\_

(If you are not yet registered with us please complete and return the attached registration form)

## Details of event:

**20% SPECIAL OFFER - IF YOU BOOK AND PAY BEFORE 10 SEPT 2012. QUOTE ZACOGMED9**

| Event Reference | Location / Date               | Start Time | Finish Time | Fee/Delegate exc VAT (£)        | Fee/Delegate inc VAT (£)        | Total (£) |
|-----------------|-------------------------------|------------|-------------|---------------------------------|---------------------------------|-----------|
| 9780749162658   | London<br>9th October<br>2012 | 10am       | 4pm         | £76.00<br>(Early Bird Discount) | £91.20<br>(Early Bird Discount) |           |

Dietary Requirements:  None  Vegetarian  Other (please state) \_\_\_\_\_

Please state any accessibility requirements: \_\_\_\_\_

## Payment details:

I wish to pay by credit card (please provide email address above\*) AMOUNT

American Express/Visa/MasterCard/Maestro\* (Delete as appropriate)

Card No. \_\_\_\_\_ Name as appears on Card: \_\_\_\_\_

Expiry date \_\_\_\_\_ \*Issue number: \_\_\_\_\_

Issue No. \_\_\_\_\_ 3 digital security number (on the back of card)

Signature \_\_\_\_\_ (Your signature is essential when paying by credit card)

Address Card Registered to: \_\_\_\_\_

**PLEASE RETURN TO: PEARSON ASSESSMENT, HALLEY COURT, JORDAN HILL, OXFORD OX2 8EJ  
TEL: 0845 630 88 88 ~ FAX: 0845 630 55 55 ~ EMAIL: INFO@PEARSONCLINICAL.CO.UK**

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Please tick the relevant boxes if you DO wish to receive this information. (We do not rent out your personal data to other companies).  
 By post  By phone  By email

**Terms and Conditions:** All delegates will be notified of cancelled events and offered alternative dates or locations where available. Please book early to avoid cancellations and disappointment. Places will be allocated on receipt of payment. Cancellations can be made up to 10 days prior to the event and may be refunded, cancellations made after this date may still be charged. If you have any queries please contact Customer Services on 0845 630 88 88.