



SENIOR MENTAL HEALTH LEADS TRAINING

DELEGATE DETAILS

Title		First Name			Surnam	е		
Job Title				Email				
Organisation				Tel Num	nber			
Address				Job Title				
				How did you hear about us?				
Postcode	TO JOIN OUR MAILING LIST PLEASE CLICK <u>HERE</u> .							

WAYS TO PAY

Invoice						
Organisation Billing				Finance		
Name				Contact		
Invoicing				Contact		
address				Number		
				Contact		
				email		
Postcode	Organisation Accounts Payable em		ail address	*		
Please indicate if this invoice should be sent to NHS Shared Business			Payables			
services in Wakefield for processing				Code		
*This information is essential for us to send the invoice					*	
This information is essential for us to send the involce			Number			
Please note that CWI is part of the university and 'University of Reading' should be shown as the supplier on your purchase order.						

University of Reading Bank Details							
Account Name	University of Reading Receipts Account						
Sort Code	30-40-65	Account Number	00752804				
BIC/SWIFT	LOYDGB21F43	IBAN	GB37 LOYD 304065 0075 2804				
Reference	K3486800 + add name	Please email booking form to <u>cwi@reading.ac.uk</u>					

Credit or Debit Card

Please call Receipts Office on 0118 378 6130 to make payment and email booking form to cwi@reading.ac.uk

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Whiteknights, University of Reading, Reading, RG6 6AL		
Please see our website for terms and conditions	Email:	cwi@reading.ac.uk
http://www.reading.ac.uk/charliewaller/cwi-workshops.aspx		