

**MOTIVATIONAL INTERVIEWING
& Smoking cessation in primary care**

practitioner workshop

24th March 2006

APPLICATION FORM

Name:

Address:

.....

Telephone No:

Email address:

Job Title:

Organisation:

Payment Details (Please tick box as required)

I enclose a cheque payable to Stephen Rollnick for £175

Please invoice me for £175*

NB This amount includes training fees for the workshop, plus refreshments and lunches. Delegates are responsible for arranging their own overnight accommodation.

***Name and Address to which to send invoice (if different from above):**

.....

.....

Do you have any special requirements (e.g. dietary, disability, etc)

I understand that until payment or a signed letter confirming funding arrangements are received, the place will be provisional.

Signed Date

Please return completed application form (and cheque if applicable) to:
Stephen Rollnick, 5 Plasturton Place, Cardiff CF11 9HP.