

REGISTRATION FORM

***The Neuropsychology Center***

***Halstead-Reitan Neuropsychological Test Battery:  
Administration and Interpretation***

**TBA**

**Plano, Texas**

Your Name (as you want it to appear on your CE certificate):

\_\_\_\_\_

Mailing Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Enclose a check to ***The Neuropsychology Center*** for the appropriate registration fee and costs.

Please call us at (469) 429-8890, if you wish to pay by credit card.

**Registration fee:**

**Registration fee: \$450**

**Early Registration fee (postmarked by TBA): \$425**

**Late Registration fee (postmarked after TBA): \$475**

**Amount enclosed: \_\_\_\_\_**

**Mail this form with payment to:**

**The Neuropsychology Center, P.C.  
500 N. Central Expressway, Suite 272  
Plano, TX 75074  
(469) 429-8890  
(469) 429-8888 – FAX  
info@neuropsych.com**