

REGISTRATION FORM

The Neuropsychology Center

***Halstead-Reitan Neuropsychological Test Battery:
Comprehensive Clinical Interpretation 3.0***

**TBA
Plano, Texas**

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

Mailing Address: _____

City: _____ State: _____ 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: \$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**