



2nd International Conference of Neuropsychotherapy



IACN International Association of Clinical Neuropsychotherapy

Melbourne 2018 – Catholic Leadership Conference Centre

INFORMATION and Online registration available at www.neuroconference.net

2nd Int Conference of Neuropsychotherapy: 23-25 May 2018 – 3-day Conference: 24 CPD Points

Pre-Conference *Half Day Workshops – 3-hours each - 3 CPD Points each

*Bulimia Nervosa & Binge Eating Disorder - Dr Roger Mysliwiec – 21 May 2018 – Afternoon Session

*Neuroscience of Violence & Aggressive behaviours - Adj/Prof Pieter Rossouw – 22 May 2018 – Morning Session

*The Neuroscience of Resilience - Adj/Prof Pieter Rossouw – 22 May 2018 – Afternoon Session

PRICING IS IN AUSTRALIAN DOLLARS

Rate	Conference ONLY (C)	Pre-Conf Workshop Eating Disorders (E)	Pre-Conf Workshop Neuroscience of Violence (V)	Pre-Conf Workshop Neuroscience of Resilience (R)	Conference & Pre-Conf Workshops Package (C+E+V-R)
Early bird	\$ 890 <input type="checkbox"/>	\$ 240 <input type="checkbox"/>	\$ 240 <input type="checkbox"/>	\$ 240 <input type="checkbox"/>	\$ 1,490 <input type="checkbox"/>
Standard	\$ 950 <input type="checkbox"/>	\$ 280 <input type="checkbox"/>	\$ 280 <input type="checkbox"/>	\$ 280 <input type="checkbox"/>	\$ 1,660 <input type="checkbox"/>
Student	\$ 880 <input type="checkbox"/>	\$ 220 <input type="checkbox"/>	\$ 220 <input type="checkbox"/>	\$ 220 <input type="checkbox"/>	\$ 1,410 <input type="checkbox"/>
Group 5+	\$ 825 <input type="checkbox"/>	\$ 210 <input type="checkbox"/>	\$ 210 <input type="checkbox"/>	\$ 210 <input type="checkbox"/>	\$ 1,350 <input type="checkbox"/>

For group registrations please contact: admin@mediros.com.au

TOTAL Amount AUD \$ _____

Title, Name and Surname: _____

Mobile Phone: _____

Email address: _____

Payment Options:

Send me an Invoice: An invoice will be emailed to you

Pay now: Full amount OR \$300.00 to secure your place in the Event (full payment required one month prior to Conference Date)

Credit Card Number: _____ Expiry Date: _____

(Visa or Mastercard only)

Three digits on back of card _____ Amount: AUD \$ _____

Name on Card: _____ Signed: _____

Please return to: admin@mediros.com.au

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