

The Expert Witness Institute Events Schedule 2010



What your CPR Report Should Contain

Evening Lecture	(5.30pm – 7.30pm)	
Member £40	Non Member £60	
London	8 th September 2010	<input type="checkbox"/>
Manchester	4 th October 2010	<input type="checkbox"/>
Bristol	17 th November 2010	<input type="checkbox"/>

Limited to 20 delegates

Medico-Legal: Past, Present and Future

Evening Lecture	(5.30pm – 7.30pm)	
Member £40	Non Member £60	
London	22nd September 2010	<input type="checkbox"/>
Bristol	20th October 2010	<input type="checkbox"/>

Limited to 20 delegates

Working with Solicitors and how to get Paid

Evening Lecture	(5.30pm – 7.30pm)	
Member £40	Non Member £60	
London	13 th September 2010	<input type="checkbox"/>
Manchester	10th November 2010	<input type="checkbox"/>
Bristol	1st December 2010	<input type="checkbox"/>

Limited to 20 delegates

Law for Experts

Full day Event	(9.30pm – 5.00pm)	
Member £230	Non Member £260	
Manchester	3 rd November 2010	<input type="checkbox"/>
London	24 th November 2010	<input type="checkbox"/>

Limited to 15 delegates

Report Writing for Experts

Full day Event	(9.30pm – 5.00pm)	<input type="checkbox"/>
Member £230	Non Member £260	<input type="checkbox"/>
London	22 July 2010	

Limited to 15 delegates

Cross Examination

Full day Event	(9.30pm – 5.00pm)	
Member £360	Non Member £400	
London	27 th October 2010	<input type="checkbox"/>

Limited to 6 Delegates

To book contact the office or complete the booking form on the back of this form

The Expert Witness Institute
7 Warwick Court, London, WC1R 5 DJ
Tel: 0207 405 5854; Fax: 0207 405 5850
Email: events@ewi.org.uk; Web: www.ewi.org.uk

Cancellations received less than 30 days before the seminar will be liable for the full fee. An admin charge of £30 applies for cancellation at other times. Delegates may transfer to a future seminar (subject to availability), no later than 7 days prior to the seminar, for an additional fee of £30.

The Expert Witness Institute Booking form



Course Name: _____

Course Date: _____

Name:		Memb #:
Address:		
		Postcode:
Contact details:		

Card Number:

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Expiry Date: _____ **Switch Card Issue Number:** _____
Start Date: _____ **3 Digit security code:** _____

Name on Card: _____
Billing address (if different from above) _____

**Please note that these courses can be done In House
and altered to your corporate needs.**

Contact the office for more information.

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