



# ShrinkRAP

**Newsletter of the New Zealand College of Clinical Psychologists  
THE SPECIALIST ORGANISATION FOR CLINICAL PSYCHOLOGISTS**

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## College News

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### **AGM 2008 – Reminder**

The NZ College of Clinical Psychologists 19th Annual General Meeting will take place at Rydges Hotel in Christchurch on 23 September 2008, at 5.30pm, after the one day workshop on Behavioural Activation presented by Dr Christopher Martell.

There will be an option to participate by teleconference for those members who can't be physically present.

If you would like to submit remits for consideration these can either be sent to your local branch, or to National Office by 8 September 2008, or submitted on your attendance at the AGM. Please note that each remit must be worded correctly, with clearly identified people moving and seconding the proposal, and supported by a brief discussion or rationale.

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### **Membership News**

College membership continues to grow steadily. At the National Executive meeting this month the following people were approved and accepted as full members of the College:

Laura Barkwill, Auckland  
Samantha Farrimond, Dunedin  
Sonja Bakker, Christchurch  
Emily Peterson, Auckland  
Hayley Matthews, Auckland  
Rachel Booker-Fletcher, Wellington  
Andrew Hignett, Taranaki  
Colin McBright, Nelson  
Cecilia Small, Wellington  
Louisa Walker, Auckland  
Estelle Macdonald, Christchurch

As a Full Member each may now use the acronym MNZCCP.

Duncan Thomson, Wellington, and Judith Russell, Auckland, were also approved as Associate members.

The National Executive wishes to congratulate these people on attaining their new membership status.

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### **Congratulations to new Clinical Programme Graduands**

NZCCP would also like to congratulate Regan Wisnewski and Barbara Manighetti, Wellington based Clinical Programme student members, who have passed their clinical exams.

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### **Wanting to Change Your Membership Status - Please Keep in Touch!**

We may be psychologists but we can't read your mind at a distance!

From time to time some members will want to change their membership status, either temporarily or permanently. For example, when people go on maternity or other extended leave and are not practicing, or when people go overseas for an extended period, they may wish to go onto deferred membership.

However, if you want to change your membership status, or if you decide not to continue your College membership, we need you to let the national office know about this as soon as you want the change to take effect. If the national office doesn't get to hear about your intention to change your membership status then it can't be made official. Until the change is made official you remain liable for your usual membership fees etc.

So please, keep in touch with your national office if for any reason you want to change your membership status.

In the meantime the National Office wants to thank all those members who have renewed their membership subscriptions and paid their membership fees. The National Office would also like to send a gentle reminder to those who have not yet got around to this to do so as soon as possible please.

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### **MPS Matters**

MPS does not cover College members who are practicing outside New Zealand nor does it provide indemnity for members who are practicing in NZ without a current Annual Practicing Certificate, issued by the NZ Psychologists Board.

For example, as Australian law requires that medical professionals retain a contract of insurance to protect their practice, MPS is unable to provide indemnity for practicing members in Australia. They do have a reciprocal agreement in place with the Medical Indemnity Protection Society of Australia (MIPS), who provide contracts of insurance on their behalf to existing MPS doctors practising on a short-term basis in state hospitals in Australia. Unfortunately, this agreement does not extend to medical associates, however, MIPS may offer membership for psychologists.

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### **Non/late payment of MPS subscription fees**

Historically, unless a member has informed the College of a break in practice that would result in a period of retired/deferred membership (a sabbatical, maternity leave etc.), then, if their subscription fees are not paid within six months of the renewal date their membership should have been terminated. If they then wanted to have their membership reinstated, they would be required to complete a new application form and join from the new application date.

As of next year, MPS subscription fees will be subject to the following renewal schedule:

- Renewal form will be sent during the month before the next renewal is due
- 1st reminder follows a month after the renewal date
- Final notice follows a month after first reminder
- Termination letter will be issued a month after final notice

There will be no penalties for late payment. However, if payment isn't received after the final notice has been issued then membership should be terminated a month after the termination letter

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is sent. A new application will need to be completed if membership is required. Membership cannot be backdated and will recommence on the date after the application has been received.

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### **From the Journal NZCCP editors:**

Dear Colleagues

In the last ShrinkRAP, we informed you about a survey that is about to hit your email inbox. The link is:

[http://www.nzccp.co.nz/index.php?option=com\\_fome&fid=6](http://www.nzccp.co.nz/index.php?option=com_fome&fid=6)

Please complete the survey (it takes about 5 minutes!) to let us know what you would like out of your journal.

Kumari and Sue

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### **Certificates and Guidelines for Health Practitioners**

The Office for Senior Citizens has sought College consultation on the Certificates and Guidelines for Health Practitioners for enduring powers of attorney. The new issue is that clinical psychologists are included in this process as part of assessment. The College has sent a letter applauding the fact that they are looking beyond medical practitioners and commented that the wording could limit the scope of practice to assessment of mental capacity, pointing out that the clinical scope doesn't necessarily include exactly those words.

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### **Guideline for the Identification of Common Mental Disorders and Management of Depression in Primary Care**

The Guideline Group asked the College for feedback and endorsement of the Guideline for the Identification of Common Mental Disorders and Management of Depression in Primary Care.

The College view is that it is an excellent, well researched document. From a cultural perspective, the recommendations are consistent with what we understand to currently be best practice, and good sources are referenced. It was noted however that there was limited reference to problem gambling as a risk factor for mental disorder and depression.

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# The Views of NZCCP Members On Collaborative Prescribing Rights For Psychologists

John Fitzgerald & Karma Galyer, The Psychology Centre, Hamilton

At the beginning of 2008 members of the NZCCP were invited to participate in a survey canvassing opinion on collaborative prescribing for psychologists. Psychologists were asked to consider if it is desirable for New Zealand psychologists, with appropriate training and supervision, to be permitted to prescribe psychoactive medications. Also of interest was how psychologists perceive the major arguments for and against prescribing, whether prescribing would be useful for them, and to what extent professional organisations should prioritize advocating for prescribing psychologists.

All members of the NZCCP listed at the time of the survey were mailed an information letter (n=603). The survey was also distributed to members of the New Zealand Psychological Society (NZPsS) and a number of psychologists who are not members of either NZPsS or NZCCP. Data from these two groups is not included in the following summary of main results, but will be included in a detailed report which will be available in the near future.

In total 239 (40%) surveys were returned from NZCCP members. Sixty-two percent were in the 30 to 50 years age range. Seventy-two percent of respondents were female, and the majority of respondents (87%) self-identified as NZ European. There were respondents from all District Health Board geographical areas except Tairāwhiti and the West Coast, with the largest groups located in Auckland, Canterbury, and Capital and Coast. Eleven percent worked in a rural setting. Five percent worked for a DHB, 44% worked in private practice, and 17% of respondents were students in training.

Fifty-seven percent of the respondents indicated support for psychologists prescribing, although the majority of this group had some reservations. Twenty percent had too many reservations to support prescribing at this time. A minority (5%) were absolutely opposed to psychologist gaining prescribing rights.

Fifty-four percent of participants indicated that they considered that there was a need for psychologists in New Zealand to gain prescribing privileges, although most indicated that it was only needed in some areas. Thirty-four percent did not think there was a need, and 12% were unsure.

In response to a question about how useful prescribing privileges would be within their own practice, 25% said of respondents stated that they would be "very useful", 39% said "somewhat useful", and 6% were unsure. Medication was not considered to be useful in the practice of 28% of respondents. In the larger survey sample (n=571), which included psychologists who were not College members, this was the only item where clinical psychologists differed significantly from other groups. Clinical psychologists were significantly more likely to report that prescribing would be useful in their practice.

Eighty-three percent (n=199) of the NZCCP sample answered the question about whether they would undertake additional training to become a prescribing psychologist. Of these, 68% indicated they would possibly take up training. Twenty percent indicated that they would not, and twelve percent had yet to decide.

Twenty five percent of respondents thought it a high priority that our professional organisations advocate for prescribing privileges, and 31% rated it as a medium level priority.

**Specific Arguments Against Prescribing.** Respondents were asked to rate a number of statements against prescribing on a 5-point Likert scale. Seventeen percent of psychologists strongly agree that prescribing would change the nature of the psychology as a profession. Respondents who did not support prescribing frequently noted this argument in their qualitative responses highlighting the potential for psychology to become "medicalized". Twelve percent of psychologists strongly agree that insurance costs for psychology would rise. Eight percent strongly agreed that psychologists would not gain adequate training to prescribe. Undertaking adequate training to prescribe safely and effectively was highlighted in the qualitative answers as being of the utmost importance. This was endorsed by both those respondents for and against prescribing. For all other items, the proportion of respondents who strongly agreed was less than 3%.

**Specific Arguments For Prescribing.** Ten of the 12 statements supporting prescribing received strong endorsement. Thirty-five percent strongly agreed that psychologists have extensive training in biopsychosocial assessment and treatment of psychological disorders, and 26% strongly agreed that psychologists prescribing would result in

increased collaboration between psychologist and doctors. In addition, there was strong endorsement for items about client benefits, such as psychologists could work more consistently with the client on adherence to medications (22% strongly agreed).

The high response rate by members of the NZCCP indicates that they are interested in the psychologists prescribing 'debate'. At this time a small majority of respondents indicated that they support prescribing in principle, and could be interested in training to do this task. Most respondents thought that appropriately trained psychologists prescribing would be beneficial for

clients. They also indicated that having a biopsychosocial model of health and doing medication-related tasks in their current work (e.g., monitoring adherence) were relevant to the debate. However, in both the forced choice and qualitative responses, members expressed reservations about psychologists prescribing. This was consistent with the broader survey group, and overall it appears that more discussion needs to occur before advocacy for collaborative prescribing could be undertaken. Consumers of psychological services and medical professionals are also relevant stakeholders in the debate on prescribing psychologists. Their views have yet to be investigated in New Zealand.

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## ACC News

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### **Submission on ACC Counsellor Category of Provider for Sensitive Claimants**

ACC is about to review the fee structure under the regulations as they apply to the counsellor category of providers for sensitive claimants. The College has made a submission pointing out that clinical psychologists represent a specialist group working within the counsellor category.

Issues relevant to this submission are the extensive training and expertise psychologists bring to this work and the accessibility of psychologist providers to clients.

They have had specific training in diagnosis and psychological formulation providing for an accurate and treatment focussed assessment using an evidence based treatment approach. These are specialised skills that sit well with the practice parameters advanced in the recently released "Sexual Abuse and Mental Injury: Practice Guidelines for Aotearoa New Zealand".

In preparing this submission a survey was conducted among College members who are currently providing therapeutic services under the counsellor category or have done so in the past. 35 members responded. Of those 16 are still providing therapeutic services to sensitive claimants. 19 have stopped taking referrals, but nearly all of them indicated they would resume the work if the fee structure was increased in keeping with private practice fees.

The survey shows clearly that a separate provider category for clinical psychologists appropriately remunerated would double the available workforce and may attract members in private practice who have not previously undertaken this work. NZCCP currently have 195 members in private practice

nationally which is a significant workforce for ACC to draw upon in providing services to sensitive claimants.

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### **Consultation on proposed new regulations for ACC**

The government is proposing to make legislative changes that will affect treatment providers, registered health professionals and counsellors.

It is proposed to:

- transfer the definition of treatment provider and registered health professional from the Injury Prevention, Rehabilitation and Compensation (IPRC) Act 2001 to Regulations.
- make the definition of registered health professional and counsellor more consistent with the Health Practitioners Competence Assurance (HPCA) Act 2003
- Make changes to the regulations relating to counsellors who operate outside of the HPCA Act.

The changes have been proposed to achieve the following key outcomes:

By transferring definitions from the IPRC Act 2001 to Regulations, ACC plans to have more flexibility to respond to a changing clinical environment

By making the definition of registered health professionals consistent with the HPCA Act, more professions will be recognised by ACC as registered health professionals, allowing their patients to be eligible for ACC treatment injury cover

A high standard of counselling service will be achieved, by ensuring all counsellor who treat ACC

clients have appropriate qualifications and experience.

Jo Leech, on behalf of the College, has made a submission to ACC. This will hopefully work towards creating a mechanism whereby ACC see psychologists as a separate provider body.

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### **HDC naming policy**

The review of HDC's naming policy has now been completed.

Submissions were received from a wide range of consumers, providers and representative groups.

There was significant support for the policy, with the majority of submitters indicating that they were comfortable with HDC moving in a cautious way towards greater transparency. There were, however, some areas of concern. They have been summarised in the Consultation Review report which is available at

<http://www.hdc.org.nz/files/hdc/Consultation-Review-Report.pdf>.

The policy has been carefully considered in light of all the issues raised during the review. The key

points to note are that:

- while the policy does provide for the naming of individual providers found in breach of the Code, this will only occur in exceptional circumstances where the public interest outweighs an individual's privacy interests;
- the naming of group providers will occur more frequently, where their systems are found to be in breach of the Code and the public interest supports naming.

The policy was effective from 1 July 2008 and applies to any opinions issued after that date.

Providers will be consulted during the investigation if naming is proposed. A copy of the revised policy is can be viewed at <http://www.hdc.org.nz/files/hdc/Naming-Providers-in-Public-HDC-Reports.pdf>

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Williams Syndrome is a rare non-hereditary genetic condition thought to occur in at least 1:10,000 births causing medical, developmental and educational problems. It is found worldwide in all ethnic groups. The NZ Williams Syndrome

Association has sent a number of brochures designed to offer support to families affected by the Syndrome and to increase public awareness. Please contact the College office if you want some brochures or more information.

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# NZCCP National Educational Coordinating Committee (NECC)

The National Educational Coordinating Committee aims to encourage and facilitate continuing education opportunities for members, by providing nationally coordinated events to a high standard. Our goal is to coordinate training opportunities between branches with the goal of facilitating training in all regions. A clear distinction is kept between the function of this committee and the broader role of Branch Representatives, who continue to liaise with Council on matters of Policy and general Branch business. Please consult the College Website for further information and links (<http://www.nzccp.co.nz/events/seminars/>)

## TRAINING TIMETABLE

### 2008 NZCCP Branch Events

BRANCH	MONTH	PRESENTER/ CONTENT
Christchurch	September	Dr. Christopher Martell, University of Washington Behavioral Activation Therapy
Christchurch	September	Rachel Lawson Eating Disorder Assessment and Treatment
Auckland	November	Professor David A. Clark, University of New Brunswick Cognitive Behavior Therapy for Obsessions and Compulsions
Christchurch	November	Dr. Lynne Briggs Psychological issues in refugees

### 2008 Other Organization Events

	MONTH	PRESENTER / CONTENT
Auckland, Wellington, & Christchurch – Doctors for Sex Abuse Care Inc	February	Dr. Ellert Nijenhuis – “Dissociation of the Personality and Childhood Traumatization”
Waitangi - Public Health Association	July	Annual Conference. Theme is “Tapu... noa... Environmental, Physical or both” – a Māori concept that suggests health is influenced by many factors across social, cultural, political and physical environments.
Auckland, Massey University Centre for Psychology	July	Dr. James Hegarty - Acceptance and Commitment Therapy (ACT)
Auckland, Massey University Centre for Psychology	August	Dr. Emily Cooney - Dialectical Behaviour Therapy (DBT)
Christchurch – Doctors for Sex Abuse Care Inc	August	Dr. Suzanne Blackwell - Child Sexual Abuse on Trial: The Jury Research Project”
Christchurch	August	2nd Acceptance and Commitment Therapy (ACT) Oceania Conference

### 2008 Other Organization Events (continued)

	MONTH	PRESENTER / CONTENT
New Plymouth – Taranaki DHB	18 August	Dr Virginia Ryan – “Play Therapy and Filial Therapy: Non-directive Approaches to Working with Children and Families”
Christchurch	August	The New Zealand Psychological Society Annual Conference
Auckland, Massey University Centre for Psychology	September	Dr. Marisol Cavieres - Cognitive Analytic Therapy (CAT)
New Plymouth – Taranaki Safer	September	3rd National Stopping Sexual Violence Conference - Quality Hotel Plymouth International
Auckland, Massey University Centre for Psychology	October	Beverly Haarhoff - Cognitive Behaviour Therapy (CBT) Conceptualisation
Wellington – Doctors for Sex Abuse Care Inc	October	Marylene Cloitre - “Psychotherapy for the Interrupted life: Treating Adult Survivors of Child Abuse”

# **NZCCP NATIONAL CONFERENCE 2008**

## **Psychology Exposed: Practice Revealed**

**Pre conference Workshop 29 -30 January 2009 (Drs Art and Sharon Freeman)**

**National Conference 31 January – 1 February 2009**

**Venue: Dunedin Centre, Dunedin, New Zealand**

### **Dr Art Freeman**

- Vice Chairman of the Freeman Institute Corporation and Director of Clinical Training and Supervision for the Centre for Brief Therapy
- Has published 52 professional books, including
  - Cognitive Therapy of Personality Disorders (with Aaron T. Beck)
  - Clinical Applications of Cognitive Therapy

### **Dr Sharon Morgillo Freeman**

- President and Executive Director of the Centre for Brief Therapy and President of the Chairman of the Board of the Freeman Institute Corporation
- Currently senior editor of "In Harm's Way: The Psychological Treatment Handbook for Pre and Post-Deployment of Military Members" to be published by Routledge

### **Dr Paul Green**

- Awarded a Fellowship of the National Academy of Neuropsychology in 2005
- Author of CARB, the Word Memory Test, the Medical Symptom Validity Test, and the Emotional Perception Test

### **Will include papers/workshops/symposia on:**

- General adult mental health
- Developmental/ child and adolescent psychology
- Forensic psychology
- Psychology and technology
- Legal, ethical, and professional issues
- And others as organised

**Don't forget the Board discussion, AGM, and, of course, an entertaining conference dinner!**

## **Have you got any information, photos, anecdotes, or documents related to the history of the NZCCP?**

We are wanting to gather together some of this for an exhibition at the **NZCCP Conference 2010**.  
If you have anything that may be relevant please contact Sonja at [Sonja.Bakker@empower-rehab.co.nz](mailto:Sonja.Bakker@empower-rehab.co.nz) or  
(03) 3668435.



**MindBody Trust**

**THE 3RD MINDBODY  
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The Mindbody conference seeks to make relevant the understanding and evidence of Mindbody approaches and ground this in the reality of clinical practices.

Bringing together pioneering thinkers and researchers from New Zealand and around the world, the third Mindbody Conference will entertain, inform and inspire participants.

The stellar line up of presenters includes theorists and clinicians; researchers and practitioners.

**For more information,  
or to register,  
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**email** [bruce@mindbody.org.nz](mailto:bruce@mindbody.org.nz)  
or **phone** (09) 372 5541

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## Clinical Advisory Services Aotearoa

### Clinical Manager – Community Postvention Response Service

Clinical Advisory Services Aotearoa ("CASA") invites applications from psychologists for the position of Clinical Manager, Community Postvention Support Services ("CPRS"). CPRS operates nationwide and is one of two services CASA provides as part of the Ministry of Health's Postvention Support Services programme.

CPRS assists in communities where there are concerns that suicide contagion is occurring, or that a cluster of suicides/suicide attempts may occur. The service is staffed by a team of eight to ten clinical advisors (mainly psychologists) two of whom will be nominated to work in a community that requests assistance. A more detailed description of the service is available on the web site at:

(<http://www.casa.org.nz/service.php?PHPSESSID=bbe37be7deaecbd47b67828515b50c89>)

There is a baseline of 16 hours work per week allocated to management tasks (e.g., development of practice guidelines, answering initial enquiries, organising staff meetings and training, attending the national meetings of other providers e.g., Kia Piki Te Ora, SPINZ). This is a contract position through to 30 June 2010. It is funded at a competitive contract rate.

The Clinical Manager may choose to undertake work in the community himself/herself acting as a Clinical Advisor and it is anticipated that the manager will make himself/herself available to lead any cluster suicide responses wherever possible. This work is funded in addition to the baseline hours allocated to management of the service.

This is a senior position requiring high levels of clinical skill, managerial competence and ability to work within a community development framework. It will involve travel within New Zealand. The successful candidate may reside anywhere in New Zealand providing he/she has access to a required level of mobile and landline voice and data (broadband) communications and lives near to an airport with sufficient frequency and range of flights necessary for the role.

The Clinical Manager's responsibilities include:

- Management tasks (development of protocols, staff recruitment and training, etc)
- Networking with other providers
- Management of all initial enquiries to the service and allocation of work to staff
- Promotion of the service with other key stakeholders and communities
- Monitoring of service budget
- Preparation of quarterly reports for the Ministry of Health and CASA Board of Directors

Desired attributes of the successful candidate are:

- Innovation
- Ability to work independently
- Flexibility
- Skilled in facilitating meetings
- Networking competence
- Ability to work to deadlines
- Familiarity with working in bi-cultural settings
- Demonstrated management ability

The successful candidate will have:

- A New Zealand Professional Registration
- A current Practising Certificate
- A valid New Zealand Driver's Licence

For further information please contact Dr Louise Smith on either 021-552 940 or [louise.smith@casa.org.nz](mailto:louise.smith@casa.org.nz).



Canterbury Branch

Presents

## ***COGNITIVE BEHAVIOURAL THERAPY FOR THE EATING DISORDERS***

***Presenters: Rachel Lawson & Dr Jenny Jordan***

### **Session Description**

The workshop will aim to give participants a good understanding of how to treat a range of eating disorder behaviours. The workshop will cover formulation of an eating disorders case, essential psychoeducation necessary for working in this area, core CBT skills, cognitive challenges, surveys and behavioural experiments. Working with complex eating disorders utilising a schema based approach will be illustrated with a case sample.

### **Seminar Presenters**

- Rachel Lawson is a Senior Clinical Psychologist with the South Island Eating Disorders Service, and Visiting Research Fellow, Eating Disorders Division, Institute of Psychiatry, London. She has worked and researched in the area of eating disorders for the past eight years.
- Dr Jenny Jordan is a Research Fellow at the Department of Psychological Medicine. She has worked for ten years as a therapist and investigator on psychotherapy trials in eating disorders and depression. Prior to this she worked as a Senior Clinical Psychologist at the Christchurch Eating Disorders Service.

**Date: Friday 5<sup>th</sup> September 2008**

**Time: 12.45pm - 4.30pm**

**Venue: University of Canterbury,  
Room 252 (Theatrette, Level 2, Department of Psychology -  
map attached FYI)**

**PLEASE RSVP to Petra:**

**Pah74@student.canterbury.ac.nz**

**by Friday 29<sup>th</sup> August for catering purposes (afternoon tea provided)**

**☺ Free to College members ☺**

**\$50 for non-members (\$15 for non-member students - with ID)**

*All are welcome*

## Classified

Leah is an Australian doctoral-level clinical psychologist with 16 years of clinical and teaching expertise in CBT and traumatology

# Trauma Education

2 - 3 October 2008, Christchurch  
presented by Dr Leah Giarratano



**Limited Positions.** Register Early or Reserve your place today. **Registration must be finalised by 30/09/08**

**Crowne Plaza Hotel, Kilmore & Durham Streets, Christchurch**

### Treating posttraumatic stress disorder

This two-day program presents a highly practical and interactive workshop (case-based) for treating traumatised clients; the content is applicable to both adult and adolescent populations. Techniques are largely cognitive behavioural, evidence-based, and will be immediately useful and effective for your clinical practice. The program includes handouts and numerous case examples. The emphasis is upon imparting practical skills and up-to-date research in this area.

#### Day one topics include:

- Treatment maps and planning strategies
- Psychoeducation and motivation tips
- Analysing and targeting dysfunctional behaviours (e.g., substance abuse, self-harm)
- Arousal reduction strategies (including breathing retraining, grounding and distraction tasks)
- An introduction to anger management

#### Day Two topics include:

- In vivo exposure therapy (reducing avoidance behaviours)
- The fundamentals of exposure therapy for traumatic memories (prolonged imaginal exposure)
- Cognitive challenging of negative self-statements related to the traumatic event

This program is suitable for counsellors, mental health nurses, medical practitioners psychologists, psychiatrists and social workers. The program is also offered in Australia in Cairns, Perth, Melbourne and Sydney (refer to [www.talominbooks.com](http://www.talominbooks.com))

#### Program Fee

+ Single: \$550 Australian Dollars

+ Pairs: \$500 Australian Dollars per person when two people register together

Find out more about this and other workshops or books by Leah Giarratano at [www.talominbooks.com](http://www.talominbooks.com)

Direct your enquiries to Joshua George on (0061 2) 9823 3374  
Email: [info@talominbooks.com](mailto:info@talominbooks.com)

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