

REGISTRATION FORM

Women's Mental Health Symposium, Tucson, Arizona * Saturday, April 18, 2009

Please print/type or attach a business card

Name _____ Degree(s)/Credentials _____
(as you would like it to appear on your name badge and certificate)

Practice Discipline ___Nursing ___Medicine ___Psychology ___Pharmacist Other _____
(specify)

Specialty _____

Address _____

City _____ State _____ Zip _____ E-Mail _____

Phone _____ FAX _____
(area code) (area code)

BREAKOUT SESSIONS:

See the titles on schedule and choose one for **EACH** Session

Breakout Session I

Breakout Session II

Breakout Session III

Breakout Session IV

A / B / C / D / E

F / G / H / I

J / K / L / M

N / O / P / Q

Space is limited so register early.

TUITION FEES: Tuition includes course materials, general and breakout sessions, CME/CE credit, and lunch.

Payment enclosed and postmarked on or before March 3, 2009

Early Rate – before 03/03/09 \$ 75

Student (must provide proof of status) – before 03/03/09 \$ 45

Payment after March 3, 2009

Regular Rate – after 03/03/09 \$ 125

Student (must provide proof of status) – after 03/03/09 \$ 95

Total Enclosed Amount: \$ _____

Please help us to keep an accurate count for lunch: I **will** attend lunch I **will not** attend lunch

Payment:

Check (enclosed) payable to the

University of Arizona Foundation

Send to:

UA Psychiatry, Professional Development Office

PO Box 245002

Tucson, AZ 85724-5002

Visa MasterCard American Express
(appears on your statement as payment made to the University of Arizona Foundation)

Account Number _____

Expiration Date _____

Cardholder's Name as it appears on the card _____

If paying by credit card you may FAX completed Registration Form to the (520) 626-5732

Tuition paid to The University of Arizona Foundation is not a tax-deductible gift contribution. Tuition, meals and lodging may be tax-deductible as educational expenses. Check with your tax advisor.