REGISTRATION FORM

*Women's Mental Health Symposium, Tucson, Arizona * Saturday, January 16, 2010*

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 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	Breakout Session V
A / B / C / D	E / F / G / H	I / J / K	L / M / N / O	P/ Q / R / S

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 December 30, 2009

Early Rate – before 12/30/09	$ 75
Student (must provide proof of status) – before 12/30/09	$ 25

Payment after December 30, 2009

Regular Rate – after 12/30/09	$ 100
Student (must provide proof of status) – after 12/30/09	$ 50

Total Enclosed Amount: $_____

Please help us to keep an accurate count for lunch: ☐ lunch ☐no 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 Credit Card Security Code (located on back of V or MC, Front of AMEX)

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.