

REGISTRATION FORM

18th Annual Psychopharmacology Review: Current Clinical Practice
February 15-19, 2010 * Loews Ventana Canyon Resort, Tucson, AZ

*Please print/type or attach a business card
as you would like it to appear on your name badge and certificate*

Name _____
FIRST MI LAST DEGREE(S)/CREDENTIALS

Practice Discipline: Physician/Pharmacist/PA/NP
Psychologist/Nurse/Other Non-Physician (Please specify)
Resident/Student (must provide proof with registration)

Specialty _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ FAX _____ E-Mail _____

GENERAL TUITION includes general session lectures, comprehensive syllabus, CE credits, Mon-Fri continental breakfast and refreshment breaks, Monday's lunch session and evening "Welcome Reception."

Payments postmarked
On or before Jan 20, 2010

Payments postmarked
After Jan 20, 2010

Physician/Pharmacist/PA/NP	\$840	\$940
Psychologist/Nurse/Other Non-Physician	\$670	\$770
Resident/Student	\$450	\$550

Monday Lunch Session

I will attend the Monday lunch. I will not attend the Monday lunch.

Monday "Welcome Reception" - A casual gathering, Monday from 5:00–6:00 pm.

I will attend the "Welcome Reception" on Monday evening
AND I will bring (a) guest(s) # of guests _____
 I will not attend the "Welcome Reception"

OPTIONAL WORKSHOPS - \$75 per session includes a syllabus containing materials from all workshops occurring on that day, continuing education credit, and lunch.

Please refer to the schedule for descriptions, select and circle below

Tuesday Wednesday Thursday
A/B/C/D/E/F A/B/C/D/E/F A/B/C/D/E/F

FEES ENCLOSED:

GENERAL COURSE TUITION

Physician/Pharmacist/PA/NP \$840
Psychologist/Nurse/Other Non-Physician \$670
Resident / Student (must provide proof of status) \$450 \$_____

Payment made *after 1/20/10 add \$100*

\$ _____

Lunch Sessions: # _____ @ \$75 each =

\$ _____

TOTAL AMOUNT ENCLOSED

\$ _____

PLEASE INDICATE PAYMENT METHOD:

____ Check made payable to: **The University of Arizona Foundation**

____ American Express ____ Visa ____ MasterCard (appears on your statement as payment made to the UA Foundation)

Account Number

Security Code

Cardholder's Name as it appears on the card

Expiration Date

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.

Return Registration Form to:

**UA Psychiatry, CME
PO Box 245002
Tucson, AZ 85724-5002
(520) 626-5732 FAX
(520) 626-1392 Phone**