



American Psychiatric Association 163rd Annual Meeting

May 22-26, 2010 • New Orleans, LA
Advance Registration Form

EARLY BIRD REGISTRATION

Members: November 17 - February 22, 2010 **Nonmembers:** December 17 - February 22, 2010

ADVANCE REGISTRATION: February 23 - April 16, 2010 **REGISTER ONLINE:** www.psych.org

Register by fax at **703-907-1097** or mail your registration form (\$10 higher fee applies) with payment (payable to APA) to:
**American Psychiatric Association Annual Meeting,
Department 235, Washington, DC 20055-0235**

1) REGISTRATION INFORMATION*

(REGISTRANT'S ADDRESS MAY BE PUBLISHED)

APA Member? YES, member # _____ (if known) NO

First Name _____ Initial _____

Last Name _____

Degree _____

Address _____

Address _____

City _____ State/Prov _____ Zip Code _____ - _____ Country (if outside U.S.) _____

Fax Number _____ Day Phone _____

E-Mail: _____

NONMEMBERS ONLY – ARE YOU A PSYCHIATRIST? YES NO

SPOUSE/SIGNIFICANT OTHER

(if registering for meeting; cannot be an APA member and must reside at same mailing address as registrant; ID required onsite)

First Name _____ Initial _____

Last Name _____

2) COURSE ENROLLMENT (Spaces are not held if correct fees are not submitted.) Indicate course number found in the Course Brochure.

REGISTRANT

SPOUSE/SIGNIFICANT OTHER

Saturday First Choice _____ Alternate(s) _____

Saturday First Choice _____ Alternate(s) _____

Sunday First Choice _____ Alternate(s) _____

Sunday First Choice _____ Alternate(s) _____

Monday First Choice _____ Alternate(s) _____

Monday First Choice _____ Alternate(s) _____

Tuesday First Choice _____ Alternate(s) _____

Tuesday First Choice _____ Alternate(s) _____

Wednesday First Choice _____ Alternate(s) _____

Wednesday First Choice _____ Alternate(s) _____

3) AMOUNT of PAYMENT

(Refer to Registration and Course Information Enrollment Information for fee schedule and fee exempt information)

PAYMENT INFORMATION

	FULL REGISTRATION	DAILY
Registrant Registration	\$ _____	\$ _____ ___ Sat ___ Sun ___ Mon ___ Tues ___ Wed
Registrant Courses	\$ _____	
Spouse/Significant Other Registration	\$ _____	\$ _____ ___ Sat ___ Sun ___ Mon ___ Tues ___ Wed
Spouse/Significant Other Courses	\$ _____	
Course Director	\$ 0	
Honorary Fellow	\$ 0	
Medical Student	\$ 0	
District Branch Executive Staff	\$ 0	
TOTAL PAYMENT	\$ _____	

I authorize charge of total payment: Signature _____

Credit Card Number _____ Exp. Date _____

(American Express, MasterCard, or VISA only)

Written cancellations must be received in the APA office by April 30, 2010 (subject to processing fee).

Detailed information can be found in the Registration and Course Enrollment Information on the APA's website.

*The APA shares some personally identifying information about the Annual Meeting registrants with meeting exhibitors. This includes your name, title, mailing address, and email address.