

2018 Fall Symposium ~ “Psychiatric Update”

December 1 at the Ritz Charles Carmel

REGISTER ONLINE @ WWW.PDALLC.COM

REGISTRATION FORM

Registration options:

- *Online: Visit www.pdallc.com: credit card payment only
- *Fax: Complete form with credit card information and fax to: 888.477.9119
- *Mail: Complete form, make check payable to IPS and mail to: P.O. Box 30413
Indianapolis, IN 46230

****Confirmation of your registration will be emailed within 24 hours of receipt. If you do not receive confirmation within 10 days, contact Sara lizgroupplc@yahoo.com.**

**All information required for registration. Information will be kept confidential. Please print.*

Full name and degree (MD, DO, RN, etc.) _____

Email address _____

Mailing address _____

Mailing city/state/zip _____ Daytime phone _____

Categories <i>Please circle appropriate rate: fee includes CME/CE, online syllabus, continental breakfast, lunch, and breaks.</i>	Form and payment received before 9/12	Form and payment received 9/12-10/25	Form and payment received 10/26-11/16
IPS and other APA Members	\$139.00	\$164.00	\$189.00
IPS and other APA Early Career Psychiatrist Members	\$119.00	\$144.00	\$169.00
IPS and other APA Resident Fellow Members	\$15.00	\$15.00	\$15.00
Physicians (Not IPS/APA members)	\$199.00	\$224.00	\$249.00
Non- physician (i.e.: PhD, LCSW, RN, etc.)	\$169.00	\$194.00	\$219.00
Other medical residents & students	\$99.00	\$124.00	\$149.00

Additional Options:	
Resident Scholarship Contribution	\$.
Syllabus purchase – binder	\$15
Syllabus purchase – flash drive	\$5

CREDIT CARD PAYMENT INFORMATION

Amount to be charged: _____

Credit card number: _____

Credit card expiration date: _____ Credit card security code: _____

CANCELLATIONS: A 50% refund will be made if notification is made in writing and received by 11/16/18. NO REFUNDS AFTER 11/16/18.