

**27th Annual Public Sector Psychiatry Conference:
Using Mindfulness for Improving Care of Patients with
Serious Mental Illness and Clinicians' Self-Care**

Wednesday, June 15, 2011

The following information will be used for the UMass Department of Psychiatry records. Please type or print clearly.

Pre-registration will be closed when space is full or at 5 p.m. on **June 1, 2011** at the latest.

Registration form should not be mailed unless receipt before that time is guaranteed.

Name _____ Daytime Phone # _____

Professional Degree/Certification _____ Fax # _____
(for name badge and CEU certificate)

E-mail address _____
(for confirmation)

Employer _____
(for roster and name badge) City, State, Zip

Mailing address: _____
(for certificate) City, State, Zip

Space for this conference is limited.
Registration must be accompanied by payment or purchase order and will be accepted in order of receipt.
Registration deadline: 5:00 p.m., June 1, 2011

To register, complete this form and send with check or purchase order to: **UMMS Department of Psychiatry**

Attn: Marsha Falcone
55 Lake Avenue North, Rm S7-802
Worcester, MA 01655

For questions, contact Ms. Marsha Falcone at 508-334-0578. Fax: 508-856-6426.

Registration Fee—Includes the cost of registration, lunch voucher, parking, and CEU's.

Check one:

☐ I would like to register **one person**. The cost is \$130.

☐ I would like to register **two to four persons** with one check or one internal account. Total cost: # _____ x \$130 = \$ _____

☐ I would like to register **five or more persons** with one check or one internal account. Total cost: # _____ x \$75 = \$ _____

NOTE: Each participant still needs to fill out the top half of this form for name badge and certificates.

List the names below. Feel free to attach a separate sheet if necessary.

_____	_____
_____	_____
_____	_____
_____	_____

Payment. Check one:

☐ I'm including a check payable to: University of Massachusetts Medical School.

☐ I'm registering with an internal account. The "speed type" is: _____

Name of person authorizing charge to this speed type: (please print) _____

Signature: _____