Registration Form

THE 30TH ANNUAL PUBLIC SECTOR PSYCHIATRY CONFERENCE:

Healing Communities

Wednesday, June 18, 2014

The following information will be used for the UMass Department of Psychiatry records. Please type or print <u>clearly</u>. Registration form should not be mailed unless receipt can be guaranteed before registration deadline.

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 9, 2014 or will be closed when space is full.

To register, complete this form and send with check or purchase order (payable to **UMMS Dept. of Psychiatry**) to:

UMASS MEDICAL SCHOOL
Bursar's Office, RM S1-802
55 Lake Avenue North
Worcester, MA 01665

For questions, contact Ms. Roxanne Wellman at (508) 368-0704.

Registration Fee—Includes the cost of registration, breakfast, lunch, parking, and Continuing Education Credits.
　　Check one:
　　☐ I would like to register **one person**. The cost is $150.
　　☐ I would like to register **two to four persons** with one check or one internal account. Total cost: #_____ x $150 = $ _____
　　☐ I would like to register **five or more persons** with one check or one internal account. Total cost: #_____ x $80 = $ _____
　　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: **UMMS Dept. of Psychiatry**
　　☐　I'm registering with an internal account. The "speed type" is: _____

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

Signature: _____