

**THE 32ND ANNUAL UMMS PUBLIC SECTOR PSYCHIATRY CONFERENCE:
WHERE MENTAL ILLNESS AND VIOLENCE INTERSECT
Tuesday, June 14, 2016, 7:30am– 4:30pm
Worcester Recovery Center and Hospital**

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

Name _____ Daytime Phone # _____

Professional Degree/Certification _____ Fax # _____
(For roster, name badge and CEU certificate)

E-mail address _____
(For confirmation)

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

Mailing address _____ City, State, Zip _____
(For certificate)

**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., Friday, June 3, 2016 or will be closed when space is full.**

To register, complete this form and send with check, UMMS *speedtype*, or copy of 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— Costs include administrative and speaker fees, continental breakfast (*available from 7:30-8:30am*) and lunch.

Check one:

- I would like to register **1 person**. A check for **\$160** is enclosed.
- I would like to register **DMH employee(s)**. Total# _____ x **\$110** = \$_____. A **check** or **Purchase Order** is enclosed.
- I would like to register **2 – 4 persons** with one **check, UMMS Speedtype, or Purchase Order**. Total# _____ x **\$160** = \$_____
- I would like to register **5 or more persons** with one **check, UMMS Speedtype, or Purchase Order**. Total# _____ x **\$110** = \$_____

NOTE: If enrolling multiple individuals, please provide the information requested on the top part of this form for name badge and continuing education purposes. Either make copies and complete top part for each participant, or provide participant information on reverse or a separate sheet.

Payment, check one:

- I'm including a Check or Purchase Order payable to: **UMMS Dept. of Psychiatry**
- UMMS USE ONLY** - I'm registering with an Internal Account. The account *Speedtype* is: _____

Name of person authorizing charge to this *Speedtype*: **(PLEASE PRINT)** _____

Authorizing Person's Signature: _____