

**THE 29TH ANNUAL PUBLIC SECTOR PSYCHIATRY CONFERENCE:
MITIGATING THE RISK OF...****Wednesday, June 19, 2013**

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 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 3, 2013 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: _____