

Registration Form - Transforming our System, Changing our Practice - February 8-9, 2008

Name			
Agency Name			
Agency Affiliation <input type="checkbox"/> SUNY <input type="checkbox"/> OMH <input type="checkbox"/> HHC <input type="checkbox"/> BPS			
OTHER			
Address			
City			
State		Zip Code	
Telephone ()		Fax ()	
Email-Address			
Specialty			
Degree			
Student <input type="checkbox"/> Y <input type="checkbox"/> N		Resident <input type="checkbox"/> Y <input type="checkbox"/> N Where?	
Do you require certification for Continuing Education Credit?		<input type="checkbox"/> Yes, \$20 additional <input type="checkbox"/> No	

Registration fees (includes Friday night reception, breakfast and box lunch)

General Registration:	\$150
Brooklyn Psychiatric Society and/or AACP members:	\$100
Residents and Fellows:	\$40

OMH and HHC employees:

Please contact your supervisor for registration information (waived or special registration/cme fees have been arranged)

SUNY Downstate and OMH trainees (medical students, residents and fellows): **fee waived**

(Attach copy of ID, letter from your Chair or Program Director or other proof of status)

Tuition Enclosed:	
Method of Payment:	
<input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover	
<i>To be Completed by credit Card Users Only</i>	
Card Number	
Expiration Date	
Signature	Today's Date

Full tuition must accompany the registration form. Please return your registration form by January 31, 2008. A \$25 administrative fee will be deducted from all refunds for Cancellations. No refunds can be issued once the program has begun.

Please make your check payable to UPB/Psychiatry and mail to:

Office of CME, Box 1244, SUNY Downstate Medical Center, Brooklyn, NY 11203

Telephone: (718) 270-2422 Fax: (718) 270-4563