

# APPA Fall Conference and Practice Manager's Mini Conference

October 4-5, 2019

Grand Bohemian Hotel Mountain Brook



## APPA 2019 Fall Conference Registration

PLEASE PRINT CLEARLY

Name \_\_\_\_\_

Name for Badge \_\_\_\_\_

Practice Name \_\_\_\_\_

Address \_\_\_\_\_

Office Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Designation  MD  DO  RN

Social Worker  Psychologist  Practice Manager

Other \_\_\_\_\_

City, State ZIP \_\_\_\_\_

Cell Phone \_\_\_\_\_

Dietary Needs \_\_\_\_\_

First Time Attendee

### REGISTRATION FEES: Check all that apply.

**Early Career Psychiatrist, Resident Fellow Member and Student Mini Conference Friday, October 4, 12-5 p.m.**

Early Career Psychiatrist - Free (ECPs are APA members within their first seven years after completion of training)

Resident Fellow Member - Free

Student - Free

**Welcome Reception Friday, October 4, 6-8 p.m., Art Gallery at the Grand Bohemian Hotel**

Free for all registered attendees

Spouse and guests \$50. Number attending \_\_\_\_\_

**APPA Fall Conference, Saturday, October 5 (Add \$100 if registering after Sept. 30)**

*ECP, RFM, and student registration is free!*

Member \$250

Non-Member \$350

Non-physician Clinician \$170

Early Career Psychiatrist - Free

Resident/Fellow - Free

Student - Free

Practice Manager of APPA Member \$125

Practice Manager of APPA Non-member \$225

### REGISTRATION

Register online at [www.tinyurl.com/APPA2019FallConference](http://www.tinyurl.com/APPA2019FallConference) or mail to APPA Fall Conference, Attn.

Meaghan Martin, PO Box 1900, Montgomery, AL 36102-1900. Fax (334) 269-5200. [www.alabamapsych.com](http://www.alabamapsych.com).

### ACCOMMODATIONS: THE GRAND BOHEMIAN HOTEL MOUNTAIN BROOK

The APPA room block rate is \$249 per night and is available for three days before and three days after the conference. Make your hotel reservations before Sept. 6 by calling (888) 711-5114. Ask for the Alabama Psychiatric Physicians Association group rate.

### PAYMENT

Check payable to APPA      Credit Card:  VISA     MasterCard     American Express

Cardholder Name \_\_\_\_\_ Email address for receipt: \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Billing Address \_\_\_\_\_ City, State ZIP \_\_\_\_\_

Signature \_\_\_\_\_ Amount: \$ \_\_\_\_\_