

# APPA Virtual Conference

## October 10, 2020



# Registration Form

**PLEASE PRINT CLEARLY**

Name \_\_\_\_\_

Designation  MD  DO  RN

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

Social Worker  Psychologist  Other \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

\*E-mail address to use for meeting communication \_\_\_\_\_

**Please use an email address you check regularly. All official meeting communication, including how to gain access to the Zoom conference will be sent to this address.**

### REGISTRATION FEES:

**APPA Fall Conference, Saturday, October 10 (Add \$50 if registering after October 5)**

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

Member \$200

Non-Member \$250

Non-physician Clinician \$170

Early Career Psychiatrist - Free

Resident/Fellow - Free

Student - Free

### REGISTRATION

Register online at [www.tinyurl.com/APPA2020VirtualConference](http://www.tinyurl.com/APPA2020VirtualConference) or mail to APPA Fall Conference, Attn. Meghan Martin, PO Box 1900, Montgomery, AL 36102-1900. Fax (334) 269-5200. [www.alabamapsych.com](http://www.alabamapsych.com).

### 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: \$ \_\_\_\_\_