

APPA Virtual Fall 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/APPA2020FallConference or mail to APPA Fall Conference, Attn. Meghan Martin, PO Box 1900, Montgomery, AL 36102-1900. Fax (334) 269-5200. 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: \$ _____