

# APPA 2022 Spring Conference

## April 1-3, 2022

The Lodge at Gulf State Park, Gulf Shores

### Registration

**PLEASE PRINT CLEARLY**

Name \_\_\_\_\_

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

Address \_\_\_\_\_

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

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

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

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

**Designation**  MD  DO  First Time Attendee  
 RN  Social Worker  Psychologist  
 Other \_\_\_\_\_

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

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

Practice Manager E-mail \_\_\_\_\_

I agree to my name, practice name and business address being shared with conference exhibitors.

**FEES (On or before March 30 | After March 28 add \$100)**

- APPA Member \$300       APPA Nonmember \$400       AACAP Member \$300       AACAP Nonmember \$400
- One Day \$200 (Friday)       One Day \$200 (Saturday)       One Day \$200 (Sunday)
- Early Career Psychiatrist - \$150       Resident - FREE       Student - FREE
- Nonphysician Clinician \$170
- Spouse and guests \$50 to attend meals and reception only (Name tag required)

Guest Name \_\_\_\_\_

**ACCOMMODATIONS**

The Lodge at Gulf State Park, 21196 E. Beach Blvd., Gulf Shores, AL 36542  
Room rates begin at \$195 per night. Reserve a room by calling 800-618-4350 and mention the APPA group or book online at [www.tinyurl.com/TheLodge4APPA](http://www.tinyurl.com/TheLodge4APPA). The deadline to reserve a room is March 10, 2022.

**DETAILS**

More conference information is online at [www.alabamapsych.com](http://www.alabamapsych.com). If you have special needs and/or need assistance, please contact Meghan Martin, at (334) 954-2500 or [Mmartin@alamedical.org](mailto:Mmartin@alamedical.org).

**REGISTRATION**

Register online at [www.tinyurl.com/APPASpring2022Conference](http://www.tinyurl.com/APPASpring2022Conference). Mail forms to APPA Spring 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: \$ \_\_\_\_\_