



**Southern Psychiatric Association  
and Alabama Psychiatric  
Physicians Association present:**

**The Future of Psychiatric Practice:  
Exploring New Worlds  
October 11-14, 2023**

**Huntsville, Ala.**



# Conference Registration

**PLEASE PRINT CLEARLY (One form per registrant)**

Name \_\_\_\_\_ Designation \_\_\_\_\_  
 Practice Name \_\_\_\_\_ Contact Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City, State ZIP \_\_\_\_\_  
 E-mail \_\_\_\_\_ Dietary Needs \_\_\_\_\_

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

**FOUR-DAY REGISTRATION**

- SPA/APPA Member \$425
- Nonmember \$545
- ECP \$250
- RFM No Fee
- Non-physician Clinician \$275

**ONE DAY ONLY**

- Thursday \$185
- Friday \$185
- Saturday \$185
- RFM No Fee
- Thur  Fri  Sat

**SOCIAL EVENTS (Please check if attending)**

- Wednesday reception - No Fee
- Thursday reception - No Fee
- Saturday Farewell Dinner - \$95 (each attendee)
- \_\_\_\_\_ Total number attending reception

Guest \$100 (includes receptions and entrance to education sessions - no CME)

Guest Name (s) \_\_\_\_\_

**ACCOMMODATIONS**

**The Westin Huntsville, 6800 Governors West, NW, Huntsville, AL 35806.** The discounted room rate is \$159 per night. Reserve a room online at [www.tinyurl.com/WestinPsychiatry2023](http://www.tinyurl.com/WestinPsychiatry2023). The room block expires Sept. 19, 2023

**DETAILS**

More conference information is online at [www.alabamapsych.com/physicians](http://www.alabamapsych.com/physicians). If you have special needs and/or need assistance, please contact Janet Bryan at (410) 938-3452 or [JBryan@sheppardpratt.org](mailto:JBryan@sheppardpratt.org).

**REGISTRATION**

Register online at [www.tinyurl.com/Psychiatry2023Huntsville](http://www.tinyurl.com/Psychiatry2023Huntsville) or mail form and payment to Southern Psychiatric Association, Attn. Janet Bryan, 6501 N. Charles St, Baltimore, MD 21204. Phone (410) 938-3452 • Fax (410) 938-3159

**PAYMENT**

- Check payable to Southern Psychiatric Association
- 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: \$ \_\_\_\_\_