



APPA 2024 SPRING CONFERENCE

Elevating Psychiatry in Alabama

The Lodge at Gulf State Park – April 26-28, 2024

Registration

PLEASE PRINT CLEARLY (ONE FORM PER REGISTRANT)

Name _____

Practice Name _____

Address _____

City, State ZIP _____

Office Phone _____ *Cell Phone _____

E-mail _____ Dietary Needs _____

Designation <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> LPN <input type="checkbox"/> Social Worker <input type="checkbox"/> Psychologist <input type="checkbox"/> PhD <input type="checkbox"/> PharmD <input type="checkbox"/> Other _____
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I agree to receive text messages from APPA regarding membership and meeting updates. (For use by APPA’s executive director and executive council only.)

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

FEES (On or before April 22 | After April 23 add \$100 late fee)

- APPA Member \$400 APPA Nonmember \$500 Scientific Liaison \$500 Nonphysician Clinician \$275
- Early Career Psychiatrist - \$200 Resident - FREE Student - FREE
- Friday Only \$250 Saturday Only \$250 Sunday Only \$250
- Spouse and guests \$50 to attend meals and reception only (Name tag required)

Guest Name(s) _____

ACCOMMODATIONS

The Lodge at Gulf State Park, 21196 East Beach Blvd, Gulf Shores, AL 36542. Room rates begin at \$219 per night. Reserve a room by calling (800) 618-4350 and mention the Alabama Psychiatric Physicians Association group or find the link to book online at www.alabamapsych.com/physicians. The room block expires March 26, 2024.

DETAILS

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

REGISTRATION

Register online at www.tinyurl.com/APPASpring2024Conference. Mail forms to APPA Spring 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: \$ _____