Registration

NEVADA PSYCHIATRIC ASSOCIATION

26th Annual National Psychopharmacology Update

Virtual Conference - February 10-13, 2021

Nevada Psychiatric Association

Phone: 877-493-0007
Fax: 702-463-3943
Online: www.nvpsychiatry.org
Email: registration@nvpsychiatry.org
Mail: **Nevada Psychiatric Association**
2590 E. Russell Road
Las Vegas, NV 89120-2417

Full name _____ Degree(s) _____

Mailing Address _____

City/State/Zip _____

Email (email address required. Confirmation of registration will be sent via email) _____ Phone _____ Specialty _____

How did you hear about us? _____

	Early Bird Until 11/13/20	Advance Price After 11/13/20	Full Price After 1/8/21	Subtotals
Virtual Forensic Psychiatry Pre-Conference FEBRUARY 10				
Physicians and Non-Physicians	$150	$200	$250	
Residents and Medical Students*	$100	$100	$100	
Virtual Psychopharmacology Update FEBRUARY 11 -13				
Physicians and Non-Physicians	$450	$550	$650	
American Psychiatric Association Members, APA Number:	$400	$500	$600	
Nevada Psychiatric Association Members	$350	$450	$550	
Residents and Medical Students*	$200	$200	$200	

Purchase syllabus materials (Pre-Conference) Check one: ☐ USB drive $50 ☐ Hardcopy $50

Purchase syllabus materials (Pharmacology Update) Check one: ☐ USB drive $50 ☐ Hardcopy $50

Syllabus materials will be mailed to attendees prior to the conference. The last day to order printed syllabus materials is **January 8, 2021.**

Sponsor a Resident/Medical Student. $_____ ($USD)

Enter total amount due _____ ($USD)

- NPA Residents and Nevada Medical Student APA Members may register free of charge.
- Registration must be postmarked, faxed, phoned, or submitted by deadlines above to receive discounted fees.
- A digital syllabus of conference presentations will be available to registrants at no additional cost.

PAYMENT Must accompany registration

Check (enclosed) Make checks payable in U.S. funds to **Nevada Psychiatric Association**.

Checks not in US dollars will be returned. A charge of $25 will apply to checks returned for insufficient funds.

Check Card (check one) ☐ AMERICAN EXPRESS ☐ DISCOVER ☐ MasterCard ☐ VISA

Credit card number _____ Expiration date _____ CCV _____ Signature _____

Cardholders name _____ Billing address (if different from above) _____

Cancellation Policy: Payment must accompany registration. All cancellations must be submitted in writing to NPA. A $75 processing fee will be charged for all cancellations postmarked after September 30, 2020 until January 8, 2021. No refunds will be made on cancellations postmarked after January 8, 2021. Nevada Psychiatric Association reserves the right to substitute faculty or to cancel or reschedule sessions due to unforeseen circumstances.