ACADEMY OF PSYCHOSOMATIC MEDICINE

2015 Annual Meeting

November 11 - 14 • Hilton New Orleans Riverside • New Orleans, LA

REGISTRATION FORM

FAX TO 301-656-0989

1. CONTACT INFORMATION (Type or print only)

Name _____ Degree(s) _____

Organizational name for badge _____

Address _____

City/State/Zip/Country _____

Phone (_____) _____ Email _____

▶▶ Register online. It is quick and secure!
Visit apm.org for the link to online registration.

☐ Registering from outside USA/Canada? APM offers discounts for attendees of non-High Income countries as defined by the World Bank. Email us for details before submitting this form: info@apm.org

☐ This is my first time attending

☐ I have the following special needs (dietary restrictions, disability, etc.): _____

2a. ESSENTIALS OF PSYCHOSOMATIC MEDICINE (WED. NOV 11)

Course runs 8:00 AM – 5:00 PM. Note: Lunch is not included.

✓ CHECK ONE BOX ONLY	Regular by 9/30/15	After 9/30/15
APM Member	☐ $300	☐ $350
Non-Member Presenter	☐ $300	☐ $350
Non-Member	☐ $400	☐ $450
Early Career*	☐ $250	☐ $275
Trainee**	☐ $150	☐ $175
Allied Healthcare Prof	☐ $300	☐ $350
EAPM Member	☐ $300	☐ $350

2b. PRE-CONFERENCE SKILLS COURSES (WED. NOV 11)

Note: Lunch is not included.

Morning Skills Courses (8:00 AM – 12:00 noon; fees are per course)

☐ ECT for Psychosomatic Medicine Clinicians
☐ Psychopharmacology: A Focused Review of Drug-Drug-Drug Interactions
☐ Update in Internal Medicine for the Consultation-Liaison Psychiatrist: V

Afternoon Skills Courses (1:00 – 5:00 PM; fees are per course)

☐ Taming Your Tiger: Approaches to Emergency Psychiatry That Work
☐ The Art of Change: A Brief Primer in Motivational Interviewing and Health Behavior Change Counseling
☐ Transplant Psychiatry
☐ Psychological Management of Complex Clinical Scenarios

# of Courses x Fees

✓ CHECK ONE BOX ONLY	Regular by 9/30/15	After 9/30/15
APM Member	☐ $225	☐ $275
Non-Member Presenter	☐ $225	☐ $275
Non-Membe	☐ $275	☐ $325
Early Career	☐ $200	☐ $250
Trainee**	☐ $100	☐ $150
Allied Healthcare Prof	☐ $225	☐ $275
EAPM Member	☐ $225	☐ $275

2c. COLLABORATIVE CARE FORUM (WED. NOV 11, 7:00 – 9:00 PM)

☐ **Joint APM/APA Efforts to Define and Optimize the Roles of Psychiatrists**

An advance briefing on the outcomes of the APA-APM Joint Task Force on Collaborative Care, the full report of which is due later this year. This select event is for APM members-only. *(no charge)*

2d. ANNUAL MEETING: NOV. 12 - 14

✓ CHECK ONE BOX ONLY	Regular by 9/30/15	After 9/30/15
APM Member	☐ $710	☐ $765
Non-Member Presenter	☐ $710	☐ $765
Non-Member	☐ $950	☐ $1050
Early Career* (Members only)	☐ $650	☐ $700
Trainee, Member**	☐ $200	☐ $250
Trainee, Non-Member**	☐ $300	☐ $350
Allied Healthcare Prof	☐ $400	☐ $450
EAPM Member [Mbr # _____]	☐ $710	☐ $765
One-Day Attendance [Day _____]	☐ $300	☐ $350

* *Within 5 years of completing training; provide completion date (MM/YY): _____.*
** *Proof of status at current institution must accompany this registration form.*

Please check if you are a medical student ☐

3. GUEST EVENTS

Annual Meeting registrants receive **complimentary** access to the events listed below. Additional tickets may be purchased for non-registered guests for these events.

Thursday Research Award Lecture Lunch: ____ @ $50/person $ _____
Thursday Evening Welcome Reception: ____ @ $50/adult $ _____
____ children under 5 FREE
Friday Awards & Convocation Lunch: ____ @ $50/person $ _____

4. OPTIONAL EVENTS

Nov. 13 Off-site Cooking Competition (8 yrs & up) ___@$144/person ___@$144/guest
Nov. 13 Creole Queen River Cruise ___@$110/person ___@$110/guest
Nov. 13 Creole Queen River Cruise, trainee ___@ $75/person ___@ $75/ guest
MOC Self-Assessment (non-members) ___@$20/person

5. MEMBERSHIP DUES

Current members can pay 2016 membership dues with this meeting registration.

APM Fellow or Full Member ☐ $225 Resident ☐ $55
Associate Member ☐ $175 Life Fellow/Member ☐ $100

6. PAYMENT

☐ Check or Money Order ☐ Credit Card

Make checks payable to "APM" and mail with this form to: **APM–Annual Meeting Registration: 5272 River Road, Suite 630, Bethesda, MD 20816**

Fee Calculation:

2a. Essentials of Psych.	$ _____	**3.** Guest Events	$ _____
2b. Skills Courses	$ _____	**4.** Optional Events	$ _____
2d. Annual Meeting	$ _____	**5.** Membership Dues	$ _____

Please fax this form to 301-656-0989

TOTAL REMITTANCE (US FUNDS) $_____

If paying by credit card, complete this section: ☐ VISA ☐ MC ☐ AMEX

Card Number _____
Exp. Date (mm/yy) _____ Security Code _____
Name on Card _____
Signature _____

CANCELLATION POLICY: Full refund, minus a $50 processing fee, if Refund Request form is received by APM no later than **October 16, 2015.** A 50% refund if Refund Request form is received by APM after **October 16** and before, or on **November 1, 2015. No refund after November 1, 2015.** Approved refunds are distributed approximately 30 days after conclusion of the Annual Meeting.