**NOTE: Group registrations MUST be submitted together for group prices.**

*Prices below for reference only, please indicate in payment section when completing registration on next page*

| SINGLE REGISTRANT | | | | |
|---|---|---|---|---|
| | **Until August 12** | **Until Sept 23** | **After Sept 23** | **Onsite** |
| MDs/ DOs | $175 | $225 | $325 | $395 |
| NPs / PAs / Other Clinicians | $150 | $175 | $275 | $325 |
| **2 or MORE REGISTRANTS** | | | | |
| | **Until August 12** | **Until Sept 23** | **After Sept 23** | **Onsite** |
| MDs/ DOs | $165 | $205 | $275 | $345 |
| NPs / PAs / Other Clinicians | $140 | $150 | $240 | $305 |
| **OPTIONAL PRE-CONFERENCE WORKSHOPS** | | | | |
| | **Until August 12** | **Until Sept 23** | **After Sept 23** | **Onsite** |
| Addiction Workshop | $99 | $125 | $145 | $175 |
| Medical Cannabis Workshop | $99 | $125 | $145 | $175 |

Cancellation Policy:
A refund less a $50 administrative fee as follows: You may cancel your registration using our online registration system prior to Monday, Sept. 23, 2019. After Sept. 23, 2019 no refunds will be granted. After the refund date, you have two options: you can transfer your registration to another party using our online registration system, or receive a credit in the amount you paid less a $50 administrative fee to be applied to your registration for next year's conference. Refunds will not be issued to no-shows.

Global Academy for Medical Education is not responsible for nonrefundable, nontransferable airline tickets or hotel accommodations purchased for attendance at this course. The registration fee covers attendance to the scientific meeting, continental breakfasts, coffee breaks, lunches when provided, and exhibits.

# Psychopharmacology Update

Saturday, October 26, 2019, Cincinnati

*Print additional pages as needed*

## DATE / VENUE

October 26, 2019, Kingsgate Conference Center, Cincinnati, Ohio

## REGISTRATION INFORMATION

First Name: Last Name:

NPI / ME or License Number:

Degree: ☐ MD ☐ DO ☐ NP ☐ PA ☐ Psychologist ☐ Social Worker ☐ Other Clinician_____

Practice Name/Affiliation:

Address:

City: State: Zip Code:

Phone: Fax:

Email Address *(for confirmation):*

Specialty:

Years in Practice: ☐ 1-5 ☐ 6-10 ☐ 11-15 ☐ 16-20 ☐ 20+

Type of Practice: ☐ Office ☐ Hospital ☐ Clinic ☐ Other _____

How did you learn about Psychopharmacology Update: ☐ Postcard by mail ☐ Email invitation
☐ Ad in journal ☐ Online banner ad ☐ Colleague ☐ Social Media ☐ Other _____

Attendance: ☐ First year ☐ Previous attendee

## REGISTRATION OPTION *(Please check option below & note price from page 1 schedule)*

☐ MDs/ DOs

☐ NPs / PAs / Other Clinicians

☐ Addiction Workshop *(optional)*

☐ Medical Cannabis Workshop *(optional)*

TOTAL REGISTRANTS _____ YOUR PRICE $ _____

## PAYMENT INFORMATION

*All fees must be paid in advance and accompany this registration form. Forms received without payment will not be* processed. Sorry we cannot bill. (Federal Tax ID #27-0893910). NOTE: Group registrations MUST be submitted together for group prices.

☐ Individual registration, please charge card below

☐ Part of group, please charge card below ☐ Part of group, please charge entire group to same card

*Additional Info / Instructions:* _____

☐ AMEX ☐ MasterCard ☐ Visa ☐ Check enclosed. Payable to:
Global Academy for Medical Education /Psychopharmacology Update

Credit card number Exp. Date

Name on card Signature

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