

**2014 Indiana Psychiatric Society Fall Symposium
Healthcare Reform & Maintenance of Certification –
What a Psychiatrist Needs to Know**

***Accredited for 5.0 AMA PRA Category 1 Credit™ * 5.0 CE Credits**

September 6, 2014, Westin Indianapolis

REGISTER ONLINE @ WWW.PDALLC.COM

REGISTRATION DETAILS AND FEES

Three easy ways to register:

*Online: Visit www.pdallc.com – credit card payment only

*Fax: Complete form with credit card information and fax to 888.477.9119

*Mail: Complete form, make check payable to IPS and mail to:

Indiana Psychiatric Society
Attn. Fall Symposium
P.O. Box 30413
Indianapolis, IN 46230

***Confirmation of your registration will be emailed within 24 hours of receipt. If you do not receive confirmation within 10 days of submission, contact Sara at lizgroupllc@yahoo.com or 888.477.9119.*

REGISTRATION FORM

****All information required for registration. Information will be kept confidential. Please print. Be sure to circle category in grid indicating items purchased.***

Full name and degree (MD, DO, RN, etc.)_____

Affiliation/category (ie: IPS, APA, other)_____

Email address_____

Mailing address_____

Mailing city/state/zip_____

Daytime phone number_____

- Fee includes CME/CE credits, flash drive with syllabus, complimentary continental breakfast and luncheon.
- To receive the early bird rate, registration and payment must be received before July 19, 2014.
- To receive the regular rate, registration and payment must be received between July 19 and August 8, 2014.
- Registrations received August 9-31, 2014 will be subject to full price.
- Onsite reservations, if space is available, will incur a \$25 charge above the highest rate.
- Please circle appropriate category(ies) below.

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Categories	Before July 19	July 19 – August 8	August 9 - 31
Members of the Indiana Psychiatric Society and other APA members	\$119.00	\$129.00	\$139.00
APA Early Career Psychiatrist Members	\$99.00	\$109.00	\$119.00
APA Resident Fellow Members	\$39.00	\$49.00	\$59.00
Physicians (Not APA members)	\$169.00	\$179.00	\$189.00
Non- physician (ie: PhD, LCSW, RN, etc.)	\$129.00	\$139.00	\$149.00
Other medical residents & students	\$59.00	\$69.00	\$79.00

Additional Options	Before July 19	July 19 – August 8	August 9-31
Printed syllabus	\$10.00	\$10.00	\$15.00
Resident scholarship			

PAYMENT INFORMATION

Payment method:

Please circle: Check Credit Card Amount included/to be charged: _____

Credit card type and number _____

Name on credit card _____

Credit card expiration date _____

Credit card security code (3 or 4 digit code on back of card) _____

Credit card billing address (include street number, street, city, state, zip) _____

Credit card phone number _____

CANCELLATIONS: A 50% refund will be made if notification is made in writing and received by 08/15/14. NO REFUNDS AFTER 08/15/14.