

***Accredited for 4.25 AMA PRA Category 1 Credit™ * 4.25 CE Credits**

September 12, 2015, Indianapolis Marriott Downtown

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, electronic access to syllabus, complimentary continental breakfast and coffee breaks.
- To receive the early bird rate, registration and payment must be received before July 11, 2015.
- To receive the regular rate, registration and payment must be received July 11 - August 14, 2015.
- Registrations received August 15-31, 2015 will be subject to full price.
- Onsite reservations, if space is available, will incur a \$25 charge above the highest rate. Check the PDA website to ensure space is available before coming to the Marriott.
- Please circle appropriate category(ies) below.

2015 Indiana Psychiatric Society Fall Symposium *Suicide and the Physician*

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Categories	Before July 11	July 11 – August 14	August 15 - 31
Members of the Indiana Psychiatric Society and other APA members	\$109.00	\$134.00	\$159.00
APA Early Career Psychiatrist Members	\$99.00	\$124.00	\$149.00
APA Resident Fellow Members	\$59.00	\$59.00	\$59.00
Physicians (Not APA members)	\$169.00	\$194.00	\$219.00
Non- physician (ie: PhD, LCSW, RN, etc.)	\$139.00	\$164.00	\$189.00
Other medical residents & students	\$69.00	\$94.00	\$119.00

Additional Options	Before August 31 (onsite not available)
Printed syllabus	\$10.00
Flash drive	\$5.00
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 08/15/15. **NO REFUNDS AFTER 08/15/15.**