

***Applying the Integrated Care Approach:
Practical Skills for the Consulting Psychiatrist******Accredited for 6.0 AMA PRA Category 1 Credit™ * 6.0 CE Credits****September 17, 2016, Ritz Charles Carmel****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; syllabus; complimentary continental breakfast, coffee breaks, and lunch.
- To receive the early bird rate, registration and payment must be received before July 12, 2016.
- To receive the regular rate, registration and payment must be received July 12 - August 11, 2016.
- Registrations received August 12-31, 2016 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 Ritz Charles.
- Please circle appropriate category(ies) below.

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Categories	Before July 12	July 12 – August 11	August 12 - 31
Members of the Indiana Psychiatric Society and other APA members	\$139.00	\$164.00	\$189.00
APA Early Career Psychiatrist Members	\$119.00	\$134.00	\$159.00
APA Resident Fellow Members	\$75.00	\$75.00	\$75.00
Physicians (Not APA members)	\$199.00	\$224.00	\$249.00
Non- physician (ie: PhD, LCSW, RN, etc.)	\$169.00	\$194.00	\$219.00
Other medical residents & students	\$75.00	\$100.00	\$125.00

Additional Options	
Make a contribution for a 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 billing phone number _____

CANCELLATIONS: A 50% refund will be made if notification is made in writing and received by 08/20/16. **NO REFUNDS AFTER 08/20/16.**