



PSYCHIATRIC SOCIETY OF VIRGINIA

2010 Spring Meeting

March 26-27, 2010

Sheraton Park South • Richmond, VA

- Please Print -

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____ Fax _____

MEETING REGISTRATION:

_____ Non-Member\$100
 _____ Member\$75
 _____ Medical Student/Member-in-TrainingN/C

I will attend the following:

FRIDAY - MARCH 26, 2010

SATURDAY - MARCH 27, 2010

Reception

- Ethics Breakfast (*Members only*)
- Foundation Breakfast
- Legislative Committee/Public Psychiatry Breakfast
- VA Council of AACAP Breakfast (*Council Members only*)
- Members-in-Training Breakfast
- Luncheon and Business Meeting *How many?_____ Guest Name*

Cancellation Policy: An 80% refund will be issued through March 6, 2010. No refunds will be issued after March 6, 2010. Requests for refunds must be made in writing. Please contact PSV with any questions.

PAYMENT:

Make checks payable to: Psychiatric Society of Virginia

Credit Card Payment: VISA MasterCard

Card #: _____ Exp Date: _____

Name on Card: _____ Signature: _____

MAIL OR FAX YOUR COMPLETED FORM TO:

PSYCHIATRIC SOCIETY OF VIRGINIA

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