



**PREPARING FOR THE
FUTURE OF PSYCHIATRY**

Psychiatric Society of Virginia
2209 Dickens Road • Richmond, VA 23220-2005 • (804) 754-1200 • Fax (804) 282-0090



PSYCHIATRIC SOCIETY OF VIRGINIA

2012 Spring Meeting

March 23-24, 2012

Sheraton Park South • Richmond, VA

- Please Print -

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip _____

Email* _____

Office Phone _____ Fax _____

*E-Mail required for registration confirmation.

MEETING REGISTRATION:

- _____ Non-Member..... \$100
- _____ Member \$50
- _____ Medical Student Member-in-Training..... N/C

PAYMENT:

Make checks payable to: Psychiatric Society of Virginia

Credit Card Payment: VISA MasterCard Discover Amex

Card #: _____

Exp Date: _____ CVV Code*: _____

Billing Address: _____

_____ ZIP: _____

Name on Card: _____

Signature: _____

I will attend the following:

FRIDAY - MARCH 23, 2012

- Reception

SATURDAY - MARCH 24, 2012

- Ethics Breakfast (*Residents are welcome.*)
- 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(s): _____

*CVV code is the 3-digit number on the back of a VISA, MasterCard or Discover. Or 4-digit # on front of AMEX card above the card #.

Cancellation Policy: An 80% refund will be issued through March 2, 2012. No refunds will be issued after March 2, 2012. Refunds will be determined by the date the written or e-mailed cancellation is received at the PSV headquarters. Please contact PSV with any questions.

MAIL OR FAX YOUR COMPLETED FORM TO

PSYCHIATRIC SOCIETY OF VIRGINIA

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