



2016 Fall Meeting

October 7-8, 2016

The Hotel Roanoke & Conference Center A DoubleTree by Hilton

- Please Print -

Last Name _____ First Name _____ MI _____
 Address _____
 City _____ State _____ Zip _____
 Email* _____
 Office Phone _____ Fax _____

*E-Mail required for registration confirmation.

MEETING REGISTRATION:

	Prior to 9/7/2016	After 9/7/16
_____ PSV Member	\$100.....	\$150
_____ Non-Member.....	\$ 200	\$ 250
_____ <input type="checkbox"/> PA <input type="checkbox"/> RN	\$100.....	\$150
_____ <input type="checkbox"/> Medical Student <input type="checkbox"/> Resident	N/C	\$ NC
_____ <input type="checkbox"/> DLFAPA <input type="checkbox"/> LFAPA <input type="checkbox"/> Retired	N/C.....	\$ 50

TOTAL DUE \$ _____

PAYMENT:

Make checks payable to: **Psychiatric Society of Virginia**

Credit Card Payment: VISA MasterCard Discover AMEX

Card #: _____

Exp Date: _____ CVV Code*: _____

Name on Card: _____

Billing Address: _____

_____ ZIP: _____

Signature: _____

*CVV code is the three-digit number on the back of a VISA, MasterCard or Discover or the four-digit number on the front of AMEX card above the card number.

Cancellation Policy: An 80% refund will be issued through September 7, 2016. No refunds will be issued after September 7, 2016. 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.

I will attend the following:

FRIDAY - OCTOBER 7, 2016

Reception

SATURDAY - OCTOBER 8, 2016

All attendees are encouraged to join us for complimentary breakfast.

- Breakfast
- Ethics Breakfast (*Residents are welcome*)
- Foundation Breakfast
- Legislative Committee
- VA Council of AACAP Breakfast
- Members-in-Training Breakfast
- Luncheon and Business Meeting
- Vegetarian or special dietary needs:

MAIL OR FAX YOUR COMPLETED FORM TO

PSYCHIATRIC SOCIETY OF VIRGINIA

2209 Dickens Road • Richmond, VA 23230-2005 • (804) 754-1200 • Fax: (804) 282-0090 • Email: psv@societyhq.com