



2017 Fall Meeting October 27-28, 2017

Virginia Beach Resort Hotel & Conference Center

- 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 9/27/2017	After 9/27/17
_____ PSV Member	\$125.....	\$175
_____ Non-Member.....	\$ 225	\$ 275
_____ <input type="checkbox"/> PA <input type="checkbox"/> RN	\$125.....	\$175
_____ <input type="checkbox"/> Medical Student <input type="checkbox"/> Resident	N/C	\$ N/C
_____ <input type="checkbox"/> DLFAPA <input type="checkbox"/> LFAPA <input type="checkbox"/> Retired	\$25.....	\$ 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 27, 2017. No refunds will be issued after September 27, 2017. 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 27, 2017

- 1:00 - 5:00 pm - Integrated Care
- 5:30 - 7:00 pm - Reception

SATURDAY - OCTOBER 28, 2017

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

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