



# 2020 Fall Meeting SEPTEMBER 25-26, 2020

**Hotel Roanoke & Conference Center | Curio Collection by Hilton**

**The PSV meeting will be provided both in person and in virtual format.**

- Please Print -

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

\*E-Mail required for registration confirmation.

## MEETING REGISTRATION: Please indicate whether you will attend in person or virtually

I will be attending  In person  Virtually

	Prior to 8/26/2020	After 8/26/2020
_____ PSV Member .....	\$125 .....	\$175 .....
_____ Physician/PhD (non-psychiatrist) .....	\$175 .....	\$225 .....
_____ Non-Member (psychiatrist) .....	\$225 .....	\$275 .....
_____ <input type="checkbox"/> PA <input type="checkbox"/> RN <input type="checkbox"/> Researcher .....	\$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 .....
_____ APA Member .....	\$150 .....	\$200 .....

**TOTAL DUE \$ \_\_\_\_\_**  
**Please complete payment information on Page 2**

By submitting this registration, I affirm I have read and agree to the following terms:

• **COVID-19 RELEASE & HOLD HARMLESS AGREEMENT:** By registering and attending a Psychiatric Society of Virginia (PSV) event/meeting you acknowledge that there is an unknown risk of exposure to COVID-19 through exposure to contaminated objects, as well as through personal contact. Such exposure carries with it a certain degree of risk that could result in illness, disability or death. You agree to release and hold harmless PSV, its employees, officers, and vendors from and against all claims of damages and liability resulting from exposure to COVID-19. Registrants/Attendees also warrant they are abiding by their state/locality laws regarding COVID-19 restrictions. Initial \_\_\_\_\_

• **CROWD RELEASE:** By registering and attending a Psychiatric Society of Virginia (PSV) event/meeting you grant PSV full rights in perpetuity to use the images resulting from the photography/video filming taken at the event/meeting, and any reproductions or adaptations of the images for publicity or other purposes to help achieve PSV's mission. This might include (but is not limited to), the right to use them in PSV's printed publications and in online publicity, social media, and live streaming.  
I agree. YES initial \_\_\_\_\_ NO initial \_\_\_\_\_

### I will attend the following:

#### FRIDAY - SEPTEMBER 25, 2020

- 5:30 - 7:00 pm - Reception with Legislators
- 4:00 - 5:30 pm - Benzodiazepines: Balancing the Evidence for Efficacy and Safety

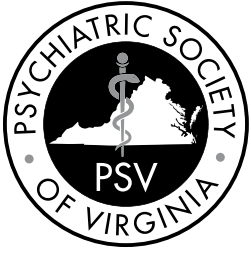
#### SATURDAY - SEPTEMBER 26, 2020

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
- Resident Breakout Session
- Vegetarian or special dietary needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MAIL OR FAX YOUR COMPLETED FORM TO  
PSYCHIATRIC SOCIETY OF VIRGINIA**



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## **PAYMENT:**

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

Credit Card Payment:

VISA       MasterCard       American Express       Discover

Card No \_\_\_\_\_ CVV Code: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name on Card \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_ Credit Card Zip Code: \_\_\_\_\_

**Cancellation Policy:** An 80% refund will be issued through August 26, 2020. No refunds will be issued after August 26, 2020. 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.