

THE EARLY PSYCHOSIS PROFESSIONAL EDUCATIONAL EVENT
Tuesday, March 14, 2017
FACULTY CONFERENCE ROOM (S1-342), UMASS MEDICAL SCHOOL

Registration Form

The following information will be used for the UMass Department of Psychiatry records. Please type or print clearly.

Name _____ Daytime Phone # _____

Professional Degree/Certification _____ Fax # _____

E-mail address _____

Employer _____

City, State, Zip

Mailing address: _____

City, State, Zip

Space for this conference is limited.

Registration form must be accompanied by payment via check and will be accepted in order of receipt.

Registration deadline: 5:00 p.m., Friday, March 3, 2017 or will be closed when space is full.

To register, complete this form and send with check (payable to **UMass Medical School Worcester**) to:

Radhika Natarajan, PhD
UMass Psychotic Disorders Program, UMass Medical School
365 Plantation Street
Biotech One suite#100
Worcester MA 01605

For questions, contact Radhika Natarajan at (508) 856-MIND or mind@umassmed.edu

Check one:

- ☐ I would like to register **1 person**. A check for **\$160** is enclosed.
- ☐ I would like to register **5 or more persons** with one **check**. Total# _____ x **\$130** = \$ _____
- ☐ On-site registration: \$175. A check is provided. Yes ___ No ___
- ☐ Late registration: \$175. A check for \$175 is enclosed.

NOTE: If enrolling multiple individuals, please provide the information requested on the top part of this form for name badge and continuing education purposes. Either make copies and complete top part for each participant, or provide participant information on reverse or a separate sheet.

Registration fee includes workshops, coffee, parking voucher, continuing education credits and lunch. Note: We suggest anyone with particular food allergies or specific need for food abstinence bring their own food.

Continuing Education Credits {check only one}

- ☐ CME- Physicians- 7.25 AMA PRA Category 1 Credits™
- ☐ CEU- Nursing- 8.7 contact hours MA Board of Registration in Nursing (244-CMR 5.04)
- ☐ CEU- Psychologists- 7 contact hours
- ☐ CEU- Non-physician Health Care Professionals and other participants (LMHC, LSW) - eligible for 7.25 continuing education hours.

Total amount enclosed: \$ _____

☐ Check