




Early Bird Registration:	Advance Registration:	Late Advance/ On-Site Registration:
June 3–July 23, 2015	July 24–September 17, 2015	September 18–October 11, 2015
 Online	 Fax	 Mail
www.psychiatry.org/ips	1-703-907-1097	American Psychiatric Association IPS Meeting Registration 1000 Wilson Boulevard, Suite 1825 Arlington, VA 22209
Mailed and faxed forms will not be processed after September 17, 2015. Save money and register by July 23, 2015. Written cancellations must be received by APA by September 17 2015.		

Registration Form

Registration Information:

First Name _____ Last Name _____
 APA Member # _____ Degree _____
 Address _____
 City _____ State/Prov _____ Zip Code _____ - _____
 Country (if outside U.S.) _____ Email* _____
 Day Phone _____ Cell Number** _____
 NPI Number _____ Number of Meetings Attended?
 First Time 1-5 6-10 11-15 16+

Spouse/Significant Other (if registering)

First Name _____ Last Name _____
 Degree _____

What Is Your Discipline?

- Physician (please specify type):
 ___ Psychiatrist ___ Primary Care ___ Other Specialist
 Resident - Year of graduation from residency _____
 Nurse (please specify type):
 ___ Psychiatric ___ Primary Care ___ Nurse w/ Rx privileges
 Psychologist Consumer/Advocate Academic Faculty
 Social Worker Other BH Professional
 Other (please specify): _____

What Is Your Primary Work Setting?

- Private - Solo
 Private - Group
 Community Health/Community Mental Health Center
 State Mental Health Center
 VA/Federal Facility
 Private - Hospital
 University
 Other (please specify): _____

Course Enrollment

- | | | |
|---|----------------|------------------------------|
| <input type="checkbox"/> Primary Care Skills for Psychiatrists | ___ Registrant | ___ Spouse/Significant Other |
| <input type="checkbox"/> Culturally Appropriate Assessment Revealed: The DSM-5 Cultural Formation Interview (CFI) Demonstrated with Videotaped Case Vignettes | ___ Registrant | ___ Spouse/Significant Other |
| <input type="checkbox"/> The Integration of Primary Care and Behavioral Health: Practical Skills for the Consulting Psychiatrist—New Advanced Course | ___ Registrant | ___ Spouse/Significant Other |
| <input type="checkbox"/> Buprenorphine and Office-Based Treatment of Opioid Use Disorder | ___ Registrant | ___ Spouse/Significant Other |
| <input type="checkbox"/> From Symptoms and Pills to Society and Policy: Acting on the Social Determinants of Mental Health | ___ Registrant | ___ Spouse/Significant Other |
| <input type="checkbox"/> Motivational Interviewing for the General Psychiatrist: Partnering With Patients for Change Beyond Substance Use Disorders | ___ Registrant | ___ Spouse/Significant Other |
| <input type="checkbox"/> Essential Psychopharmacology | ___ Registrant | ___ Spouse/Significant Other |

Payment Information:

	Full Program	Daily
Registrant Registration	\$ _____	\$ _____ <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
Registrant Courses	\$ _____	
Spouse/Significant Other Registration	\$ _____	\$ _____ <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
Spouse/Significant Other Courses	\$ _____	
APA Honorary Fellow	\$ 0	
Medical Student	\$ 0	
TOTAL PAYMENT	\$ _____	

Credit Card: Visa MasterCard American Express
 Credit Card Number: _____
 Exp. Date: _____

I authorize charge of total payment.

Print Name _____ Signature _____

* Email is mandatory for confirmation and meeting announcements. ** Cell phone required to receive meeting alerts.