



**2019 Fall Symposium
October 11 ~ Radisson Hotel Coralville**

REGISTER ONLINE @ WWW.IOWA.PSYCHIATRY.ORG

REGISTRATION FORM

Registration options:

- *Online: Visit: www.iowa.psychiatry.org credit card payment only
- *Fax: Complete form with credit card information and fax to: 888.477.9119
- *Mail: Complete form, make check payable to IPS and mail to: P.O. Box 30413
Indianapolis, IN 46230

***Confirmation of your registration will be emailed within 24 hours of receipt. If you do not receive confirmation within 10 days, contact Sara director@iowapsychsociety.org*

**All information required for registration. Information will be kept confidential. Please print.*

Full name and degree (MD, DO, RN, etc.) _____

Email address _____

Mailing address _____

Mailing city/state/zip _____ Daytime phone _____

Categories <i>Please circle appropriate rate: fee includes CME/CE, online syllabus, continental breakfast, lunch, and breaks.</i>	Form and payment received before 8/20	Form and payment received 8/21-9/26
IPS and other APA Members	\$75.00	\$100.00
IPS and other APA Resident Fellow Members	\$15.00	\$15.00
Physicians (Not IPS/APA members)	\$125.00	\$150.00
Non-physician (i.e.: PhD, LCSW, RN, etc.)	\$125.00	\$150.00
Other medical residents & students	\$50.00	\$50.00

Additional Options:	
Resident Scholarship Contribution	\$.

CREDIT CARD PAYMENT INFORMATION

Amount to be charged: _____

Credit card number: _____

Credit card expiration date: _____ Credit card security code: _____

CANCELLATIONS: A 50% refund will be made if notification is made in writing and received by 9/26/19. NO REFUNDS AFTER 9/26/19.