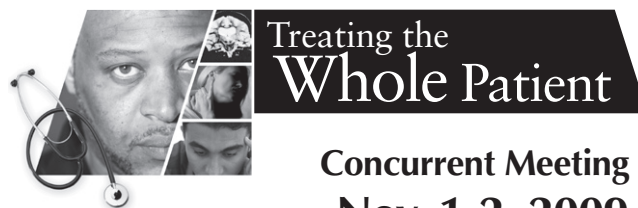


# U.S. Psychiatric AND Mental Health Congress

CONFERENCE AND EXHIBITION



**Las Vegas \* Nov. 2-5, 2009**  
**Mandalay Bay Resort & Casino**  
**Better Education. Better Outcomes.**

**Concurrent Meeting**  
**Nov. 1-2, 2009**  
**Mandalay Bay Resort & Casino**

CME LLC is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

▶ **Pre-Congress Workshop, Nov. 1, 2009**

**www.psychcongress.com • (800) 447-4474**

## Registration Form

- YES! I want to register for *Psychiatric Congress 2009* in Las Vegas, Nov. 2-5, 2009 for just \$649!**
- YES! I will attend the *Treating the Whole Patient* program, Nov. 1-2, 2009 — FREE with my *Psychiatric Congress* registration.**
- YES! I will attend the Pre-Congress Workshop, Nov. 1, 2009 — FREE with my *Psychiatric Congress* registration.**

PRIORITY CODE

**1506**

Transition Year: \_\_\_\_\_

Male  Female

DEGREE (check one):

- MD  RPh
- DO  PhD
- RN/NP  PA
- MSW  MFCC
- Other: \_\_\_\_\_  
(please specify)

PRIMARY SPECIALTY (check one):

- Psychiatry
- Child Psychiatry
- Internal Medicine
- Family Practice
- General Practice
- Cardiology
- Geriatrics
- Pediatrics
- Neurology
- Oncology
- Other: \_\_\_\_\_  
(please specify)

PRIMARY PRACTICE (check one):

- Office-Based—Solo Practice
- Office-Based—Group z.
- Hospital Staff
- Administration
- Medical Training
- Resident
- Other: \_\_\_\_\_  
(please specify)

Total Processing Fee Enclosed US \$649

Method of Payment:  Check payable to CME LLC - Psychiatric Congress

Charge my:

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Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

(required if using a credit card)

Reminder: Please sign before faxing or mailing.

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E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ License # \_\_\_\_\_ State of Issue \_\_\_\_\_

(Nurses and Florida Residents only)

### 3 EASY WAYS TO REGISTER:

- 1. Phone** (M-F, 9:00 a.m.-5:00 p.m. Eastern): Call **(800) 447-4474**. Please mention **priority code** when registering.
- 2. Fax** (24 hours): Complete the registration form, credit card information and signature, and fax to **(201) 946-0700**, Attn: Customer Service
- 3. Mail:** CME LLC, Attn: USPC 2009, Dept. 2720, Los Angeles, CA 90084-2720

#### Cancellation Policy:

If you register now for the **2009 Psychiatric Congress** and later find that you cannot attend, simply notify us in writing by regular mail or fax (**e-mail messages will not be honored**). Cancellation requests postmarked by **Oct. 13, 2009** will be honored in the form of a full refund, minus a \$50 processing fee. Cancellation requests received **Oct. 14 – Nov. 1** will be honored in the form of a 50% refund, minus a \$50 processing fee. No refunds will be issued once **Psychiatric Congress** begins. For details, call Customer Service (M-F, 9:00 a.m.-6:00 p.m. Eastern): **(800) 447-4474**.

Yes, CME LLC is hereby authorized to send me, by fax or e-mail, promotional and informational materials about CME's products and services.

I do not wish to receive promotional materials by fax or e-mail.

Signature \_\_\_\_\_