

Annual Meeting Registration and Annual Membership Dues Notice for July 2008 to June 2009

Please make corrections/additions to the information below as you would like it to appear in the Membership Directory.

Name	L.	Beck	M.A.
Department	_____		
Institution	Association of Directors of Medical Student Education in Psychiatry		
Address	982183 Nebraska Medical Center		
	Omaha	NE	68198-2183
Phone	402-559-7351	Fax	402-559-5137
Email	gbeck@unmc.edu		
Medical School Affiliation:	Association of Directors of Medical Student Education in Psychiatry		

Current Position (check as many as apply):

- | | |
|--|---|
| <input type="checkbox"/> Director, Psychiatry Education (DPE) | <input type="checkbox"/> Director, Psychopathology or equivalent course (DP) |
| <input type="checkbox"/> Director, Medical Student Education (DMSE) | <input type="checkbox"/> Director or Site Coordinator, Clerkship in Psychiatry (DSCP) |
| <input type="checkbox"/> Asst or Assoc Director, Medical Student Education (ADMSE) | <input type="checkbox"/> Clinical Attending for Psychiatry Clerkship (CAPC) |
| <input type="checkbox"/> Director, Human Behavior or equivalent course (DHB) | <input type="checkbox"/> Lecturer in Human Behavior or Psychopathology course (LHBP) |

Other Position(s): _____

Director of Medical Student Education (if applicable): _____

Please check if you are also currently a member of:

AADPRT

AAP

Current Membership Status: _____

Annual Meeting Registration Information

		No. Attending	Subtotal
Toolbox for Educators Pre-Meeting Fee <i>(includes lunch and afternoon brea</i>	\$50.00	_____	_____
Advance Registration Fee for Members <i>(includes all meals)</i>	\$395.00	_____	_____
After May 2/On-site Registration Fee for Members <i>(includes all meals)</i>	\$425.00	_____	_____
Advance Registration Fee for Non-Members <i>(includes all meals)</i>	\$425.00	_____	_____
After May 2/On-site Registration Fee for Non-Members <i>(includes all meals)</i>	\$475.00	_____	_____
House Officer/Student Registration <i>(includes all meals)</i>	\$250.00	_____	_____
Adult Guest Meal Plan (Option 1) <i>(includes 2 breakfasts, 1 lunch, 2 dinners)</i>	\$250.00	_____	_____
Children 5-11 Guest Meal Plan <i>(includes 2 breakfasts, 1 lunch, 2 dinners)</i>	\$100.00	_____	_____
Adult Guest Meal Plan (Option 2) <i>(includes 2 dinners)</i>	\$170.00	_____	_____
Children 5-11 Guest Meal Plan <i>(includes 2 dinners)</i>	\$50.00	_____	_____

Name(s) of Guest(s): _____

Please specify if you and/or guests would like vegetarian lunch/dinners. _____

The Chicago Medical School, Rosalind Franklin University of Medicine and Science, Office of Continuing Medical Education is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The Chicago Medical School will designate this educational activity for an estimated maximum of 10 credits toward the AMA Physician's Recognition Award. Each physician should claim only those hours that s/he actually spent in the activity.

Please make checks payable to ADMSEP (Tax ID No.: 58-1365117). Thank you.

Mail this form with payment to:

ADMSEP
Attn: Gary L. Beck
982183 Nebraska Medical Center
Omaha, NE 68198-2183
Office: (402) 559-7351; Fax: (402) 559-5137

PAYMENT INFORMATION:

Annual Meeting Registration Total	_____
2007/2008 Annual Dues - \$240.00 (includes Academic Psychiatry subscription)	_____
2008/2009 Annual Dues - \$295.00 (includes Academic Psychiatry subscription)	_____
House Officer Dues - \$20.00	_____
TOTAL ENCLOSED	_____

PAID

*Advanced registration form and payment must be received by May 2nd.