2010 Integrative Mental Health Conference

ARIZONA CENTER FOR Integrative Medicine

March 22-24, 2010

Registration Form: Integrative Mental Health *(Please Print or Type)*

Name _____

Specialty Area _____

Institution _____

Address _____

_____

City _____ State/Country _____

Zip/Postal Code _____ Daytime Phone _____

Fax _____ Email _____

Degree ❑MD ❑DO ❑PhD ❑RN ❑MSW ❑Other _____

I heard about this conference from (circle one): email, brochure mailing, other (please specify)

_____

❑I would prefer a non-fish vegetarian meal

❑I have the following food allergy/special diet request _____

To request special accommodation for a disability, please call 520-626-7832 or email uofacme@emal.arizona.edu..

Concurrent Session Selection

#1 (Monday, 2:00 pm) 1st choice____ 2nd choice____

#2 (Monday, 3:30 pm) 1st choice____ 2nd choice____

#3 (Tuesday, 2:15 pm) 1st choice____ 2nd choice____

#4 (Tuesday, 3:45 pm) 1st choice____ 2nd choice____

❑DO NOT include me in the registrant list to be provided to all course attendees.

	Early Bird Registration by February 1	Registration after February 1
❑ MD, DO, ND & other physicians	❑ $395	❑ $495
❑ Psychologists, social workers, counselors, nurses, allied health professionals, practitioners in training* and others	❑ $295	❑ $395
❑ AzCIMFellows & Alumni	❑ $350	❑ $450

$175 daily rate - ❑ Monday ❑ Tuesday ❑ Wednesday

** Practitioners in training must include a letter of verification from training program with registration to qualify for reduced tuition fee.*
A limited number of students will be awarded partial scholarshipnregistrations of $150. See inside brochure for details or visit www.AzCIM.org/IMHC..

Tuition includes course materials, continuing education credit, and meals designated in program.

❑ Enclosed is a check or money order in U.S. dollars made payable to University of Arizona Foundation. Tuition paid to University of Arizona Foundation is not a tax deductible gift contribution. Tuition, meals, and lodging may be tax deductible as education expenses. Check with your tax advisor.

❑ Please charge my ❑ Visa ❑ Mastercard ❑ AMEX Amount $_____

Card No. _____ Exp. Date _____

Cardholder's Name _____

Cardholder's Signature _____

Complete registration form and mail with payment to: Office of Continuing Medical Education, PO Box 245121, Tucson, AZ 85724-5121 Or fax completed registration form with credit card information to: (520) 626-2427. Cancellations received in writing on or before March 8, 2010, will be refunded, less a $50 administrative fee. No refunds will be made after that date. Substitute participants will be accepted.