

Northwest Psychopharmacology Seminars Fall 2009 Registration Form

P.O. Box 80808 Portland, Oregon 97280-1808 503-703-3744 Fax: 503-699-4185

MEETING SITES

Monarch Hotel & Conference Center Friday, October 16, 2009

12566 SE 93rd Avenue Clackamas, Oregon 97015
Site Questions: 503-652-1515 www.monarchhotel.cc

Driving Directions: Traveling North on I-205: Take Exit 14, Sunnyside Road/Sunnybrook Blvd. Turn left onto Sunnybrook Blvd. and cross the overpass. Turn right onto 93rd Avenue. The first driveway on the right leads into the hotel parking lot.

Traveling South on I-205: Take Exit 14, Sunnyside Road/Sunnybrook Blvd. Turn right onto Sunnyside Road. Immediately work your way to the left lane. At the first light, turn left onto 93rd Avenue. The third driveway on your left leads into the parking lot.

Oregon Medical Association Friday, October 23, 2009

11740 SW 68th Parkway Portland, Oregon 97223
Site Questions: 503-619-8000 www.theoma.org

Driving Directions: From I-5 Northbound: Take Exit 293 toward Haines Street. Turn Left onto SW Haines Street. SW Haines Street becomes SW Atlanta Street. Turn Left onto SW 68th Parkway. Turn left into OMA parking lot.

From I-5 Southbound: Take Exit 293 toward Haines Street. Turn right onto SW 68th Parkway (Avenue) and then turn right at the next street (SW Clinton). Turn left into OMA parking lot.

HOW TO REGISTER

There are four easy ways to register:

- 1 **On-line** visit our web-site at: www.drjulien.com to register and/or for more information.
- 2 **Fax** your registration form to: **503-699-4185**
- 3 **Mail** your registration form to:
Northwest Psychopharmacology Seminars
P.O. Box 80808
Portland, Oregon 97280-1808
- 4 **Phone:**
Becky Julien, Seminar Coordinator
503-703-3744
E-mail: becky@drjulien.com

A confirmation letter will be mailed for registrations received two weeks prior to the seminar. Later registrations are accepted, but registrants may not receive a confirmation letter. Walk-in registrations are accepted on a space available basis.

1. Please complete your information:

Name (As you would like it to appear on your CE certificate): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail Address: _____ Preferred method of communication: _____

2. Your professional affiliation for continuing education credit:

- | | |
|---|---|
| <input type="checkbox"/> Addiction Counselor | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Naturopathic Physician | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Other, Please specify: _____ |
| <input type="checkbox"/> Pharmacist | |

3. Choose the location and date you want to attend:

Monarch Hotel & Conference Center
Friday, October 16: Mental Health Medications

Oregon Medical Association
Friday, October 23: Mental Health Medications

FEDERAL TAX ID NUMBER: 93-0794887

4. Registration fees: Fees may be paid with: a check (payable to Northwest Psychopharmacology Seminars); credit card (mastercard or visa); money order; or with a purchase order.

Registration fee:

- \$125 per person
 \$110 per person for groups of 3 or more mailed in the same envelope or otherwise submitted at the same time.

CREDIT CARD INFORMATION (Visa or Mastercard Only):

Mastercard/Visa Number: _____ Expiration Date: _____

Name (as it appears on the card) _____

PURCHASE ORDER INFORMATION: If fees will be paid with a purchase order, please attach a copy of the order (if one is used) and fill in the number below.

P.O. # _____

Refund Policy: All cancellations received two weeks prior to the seminar will receive a full refund. A fee of 25% may be retained for all cancellations thereafter. Please request refunds no later than 30 days after the class. All refunds will be promptly processed.