

Northwest Psychopharmacology Seminars Spring 2010 Registration Form

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

Please print out this page and mail or fax it with your payment information.

1. Please complete your information:

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

Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

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

2. Please check your professional affiliation for continuing education credit:

Addiction Counselor (ACCBO) Naturopathic Physician Nurse Pharmacist Psychologist

Social Worker (NASW) Other, please specify: _____

3. Date and location:

Monarch Hotel & Conference Center -- 12566 SE 93rd Avenue, Clackamas, Oregon 97015

Friday, April 16 ~ **Child and Adolescent Psychopharmacology**

4. Submit registration fees:

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.

You may pay your registration fees using a check (payable to Northwest Psychopharmacology Seminars), money order, credit card (mastercard or visa) or a P.O.

Mastercard/Visa Number: _____

Expiration Date: _____

FEDERAL TAX ID NUMBER: 93-0794887

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.

Name (as it appears on the card) _____

If fees will be paid with a purchase order, please attach a copy of the order (if available) and fill in the number.

P.O. # _____