

GEORGIA PSYCHIATRIC PHYSICIANS ASSOCIATION

2019 WINTER CME MEETING REGISTRATION FORM

February 15-16, 2019 | JW Marriott Buckhead

	. 65. 44. 7 15 16, 2615	Transce Backineaa	
GPPA/APA MEMBER BY JAN 15 Full Meeting Registration: \$2 One-Day Registration: \$175 0 Friday 0 Saturday	AFTER JAN 15 295 Full Meeting Registration: \$345 One-Day Registration: \$225 0 Friday 0 Saturday	NON-MEMBER PSYCHIATRISTS BY JAN 15 Full Meeting Registration: \$485 One-Day Registration - \$275 0 Friday 0 Saturday	AFTER JAN 15 Full Meeting Registration: \$535 One-Day Registration: \$325 0 Friday 0 Saturday
MENTAL HEALTH PROFESSION In a GPPA/APA Member Practice BY JAN 15 Full Meeting Registration: \$2 One-Day Registration: \$175 0 Friday 0 Saturday	AFTER JAN 15	MENTAL HEALTH PROFESSIONAL BY JAN 15 Full Meeting Registration: \$550 One-Day Registration - \$325 0 Friday 0 Saturday	AFTER JAN 15 Full Meeting Registration: \$600 One-Day Registration: \$375 0 Friday 0 Saturday
	Deposit will be refunde	W PSYCHIATRISTS ed at meeting check-in 75 deposit	
Name:		Degree:	
(CIRCLE ONE: This	is my HOME / OFFICE address.)		ode:
Phone: (CIRCLE ONE: This is	my HOME / OFFICE phone.) Meeting details and online registra	Fax:	y.org
Check (enclosed)	Credit Card:	VISA	

RETURN BY MAIL: GPPA, 2700 Cumberland Parkway, Suite 570, Atlanta, GA 30339

E-mail receipt to:



Cancellations will be honored with a full refund through January 26, 2019. 50% refund after January 26th. No-shows will not receive a refund. All cancellations must be received in writing.

Questions? Please contact GPPA at (404) 298-7100 or alesia@gapsychiatry.org.

Signature: _____ Exp. ____/___ Security Code: ____