

American Academy of Addiction Psychiatry 20th Annual Meeting Registration Form

December 3-6, 2009

Name: _____
(First) (Last) (Degree)

Title: _____ Organization/Company : _____

Mailing Address: _____

City: _____ State/Province: _____ Country: _____ Zipcode: _____

Primary Phone: (_____) _____ Fax: (_____) _____

Email address: _____

Ethnicity: African-American Native American Asian
 Caucasian Hispanic Other

Please check this box if you require special accommodations to participate or if you have special dietary needs. AAAP will contact you for further details before the conference.

AAAP will be providing a list of attendees including contact information to all meeting attendees. Please check this box if you wish not to be included on this list.

Please indicate your AAAP Membership Status:

AAAP MEMBER NON-Member

Are you a new AAAP Member (Since January 2009)?

Yes No

Are you a first time attendee to an AAAP Annual Meeting and Symposium?

Yes No

Would you like to join AAAP and receive a discount on meeting registration?

Yes No

If "Yes," please complete the membership application online at www.aaap.org/membership/membership.htm.

REGISTRATION FEES

(Check the appropriate box)

By November 1

After November 1

<input type="checkbox"/> AAAP Member *	\$465.00	\$515.00
<input type="checkbox"/> Non-Member Physician	\$575.00	\$625.00
<input type="checkbox"/> Resident/Med Student	\$225.00	\$275.00
<input type="checkbox"/> Related Health Professional	\$225.00	\$275.00
<input type="checkbox"/> ** Spouse of AAAP Member	\$200.00	\$250.00
<input type="checkbox"/> ** Spouse of Non-Member	\$225.00	\$275.00
<input type="checkbox"/> ** Spouse Name: _____		

* AAAP Membership Status will be verified by the AAAP Office. Questions about your membership status? Call AAAP at (401) 524-3076 or email membership@aaap.org.

** Separate Registration is required for a Spouse/Partner attending sessions and/or other conference functions. This registration does not include pre-conference or post-conference events.

Please indicate which functions you plan to attend:

- Opening Reception, Thursday, December 3, 7-9 pm
 Area Meetings Luncheon, Friday, December 4, 12:30-1:30 pm
 Share the Vision Luncheon/Live Auction, Saturday, December 5, 11:15-1:15 pm

How did you hear about the AAAP 19th Annual Meeting and Symposium?

AAAP Newsletter AAAP Mailing Colleague AAAP Website
 AAAP Email Blast Other (specify) _____
 Advertisement (specify) _____

(registration form continued on next page)

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AAAP Conference Mentor/Mentee Program (For AAAP Members only)

Please choose **ONLY ONE OPTION** - either **MENTOR** or **MENTEE**.

I WOULD LIKE TO SERVE AS A MENTOR FOR A:

____ New AAAP Member

____ Resident

____ Medical Student

I AM A MENTEE AND I WOULD LIKE TO BE ASSIGNED A MENTOR. I AM A:

____ New AAAP Member

____ Resident

____ Medical Student

Auction

I would like to donate an item to the 20th Annual Meeting and Symposium Auction to benefit the AAAP Trainee Fund. DONATIONS ARE TAX DEDUCTIBLE. Be creative - any donation is appreciated!

Item Description: _____

Approximate Value: _____

PAYMENT INFORMATION

Payment Method:

Check made payable to AAAP

Visa/MasterCard/American Express

Card Number: _____ Exp. Date: _____

Name on card: _____

Authorized Signature: _____

Credit Card Billing Address: _____

City: _____ State/Province: _____ Country: _____ Zipcode: _____

Phone: (____) _____ Email address: _____

CANCELLATION POLICY

50% of the total registration fee will be refunded if a written notification of cancellation is received by AAAP **no later than November 1, 2009**. After that date no further refunds will be approved. All approved refunds will be issued after meeting.

EMERGENCY CONTACT INFORMATION

Contact Name: _____

Emergency Contact Phone: (____) _____

Check us out online! Registration can be completed at:
www.aaap.org/meetings/2009AM/2009attendeereg.html

PLEASE MAIL THIS FORM TO:

**American Academy of Addiction Psychiatry
345 Blackstone Boulevard, 1st Floor - Weld
Providence, RI 02906
Fax: (401) 272-0922 ~ Phone: (401) 524-3076**

Questions? Email: annualmeeting@aaap.org