REGISTRATION FORM

4th Biennial Conference on Perinatal Mental Health
October 24-27, 2019

Please type or print clearly

**First Name**  
**Last Name**  
**Degree (MD, PhD)**  
**Nick Name for Badge**

- Psychiatrist  
- Psychologist  
- Obstetrician/Gynecologist  
- Other MD  
- Midwife  
- Social Worker  
- Nurse  
- Other __________

**Company/Organization/Institution**

**Address**

**City**  
**State or Province**  
**Zip or Postal Code**  
**Country**

**Office Telephone**  
**Mobile Telephone**  
**Email Address**

**Emergency Contact Name**  
**Emergency Contact Phone**

- Special meeting needs due to disability (Please describe)

**Special meal requirement**

- Vegetarian  
- Vegan  
- Gluten Free  
- Kosher  
- Nut Allergy  
- Seafood Allergy  
- Other __________

**REGISTRATION FEES**  

(*MONA Member*

Cancellation Policies and Deadline - Only written cancellations received **before September 1, 2019** can be refunded.

**FULL REGISTRATION** – includes access to all sessions, CME, Welcome Reception, 3 Lunches, refreshment breaks. Conference Dinner ticket additional.

<table>
<thead>
<tr>
<th>Received By 7/1</th>
<th>Received 7/2 – 10/15</th>
<th>On-Site</th>
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<tbody>
<tr>
<td><em>Member/Non-Member</em></td>
<td><em>Member/Non-Member</em></td>
<td>$750</td>
</tr>
<tr>
<td>Professional / Clinician</td>
<td>$450/$595</td>
<td></td>
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<tr>
<td>In-Training (subject to verification)</td>
<td>$250/$395</td>
<td></td>
</tr>
<tr>
<td>Professional / Clinician</td>
<td>$550/$695</td>
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<tr>
<td>In-Training (subject to verification)</td>
<td>$350/$495</td>
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**ONE DAY** -  
- FRIDAY  
- SATURDAY  
- SUNDAY – includes sessions, CME & events for day registered only. Conference Dinner additional.

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**CONFERENCE DINNER TICKET** – Barbecue at Carolina Inn, Sat., Oct. 26 – $50 each

**CONFERENCE DINNER TICKET** – In-Training Discount - $35 each

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**PRE-CONFERENCE WORKSHOPS:** limited seats - only open to conference registrants

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**I AM PLANNING TO ATTEND** - please check to let us know so that we can plan accordingly

- Friday Luncheon  
- Saturday Luncheon  
- Sunday Luncheon  
- Welcome Reception

**Total Payment Due (U.S. Dollars)**

**TOTAL AMOUNT DUE**  

*Please make checks payable to Perinatal Mental Health Society in U.S. Funds drawn on a U.S. Bank.*

**Payment Method:**  

- Check payable in U.S. dollars  
- Visa  
- MasterCard  
- American Express  
- Discover

**Card Number:**  
**Exp. Date:**  
**Security Code:**  
**Name on Card:**  
**Signature:**

**Billing Address (if different than above):**

**Mail completed form to:**  
**or Email completed form to:**  
**or FAX completed form to:**

MONA/Perinatal Mental Health Society, 8213 Lakenheath Way, Potomac, MD 20854

info@perinatalmentalhealth.com  
301-983-6288