



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

REGISTRATION FORM

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.

	<u>Received By 7/1</u>	<u>Received 7/2 – 10/15</u>	<u>On-Site</u>	
	*Member/Non-Member	*Member/Non-Member		
<input type="checkbox"/> Professional / Clinician	\$450/\$595	\$550/\$695	\$750	\$ _____
<input type="checkbox"/> In-Training (subject to verification)	\$250/\$395	\$350/\$495	\$500	\$ _____

ONE DAY - FRIDAY SATURDAY SUNDAY – includes sessions, CME & events for day registered only. Conference Dinner additional.

<input type="checkbox"/> Professional / Clinician	\$350 per day	\$400 per day	\$ _____
<input type="checkbox"/> In-Training (subject to verification)	\$200 per day	\$300 per day	\$ _____

CONFERENCE DINNER TICKET – Barbecue at Carolina Inn, Sat., Oct. 26 -- \$50 each Number of tickets _____ \$ _____

CONFERENCE DINNER TICKET – In-Training Discount - \$35 each Number of tickets _____ \$ _____

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

<input type="checkbox"/> Thursday morning – Opioid/Marijuana Use in Perinatal Period	\$150	\$ _____
<input type="checkbox"/> Thursday morning – Trauma-Informed Therapies in the Perinatal Period	\$150	\$ _____
<input type="checkbox"/> Thursday afternoon – Obstetric Psychopharmacology	\$150	\$ _____
<input type="checkbox"/> Thursday afternoon – Buprenorphine Waiver	\$150	\$ _____
<input type="checkbox"/> Thursday afternoon – Perinatal Program Development/Implementation	\$150	\$ _____

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: MONA/Perinatal Mental Health Society, 8213 Lakenheath Way, Potomac, MD 20854
or Email completed form to: info@perinatalmentalhealth.com **or FAX completed form to:** 301-983-6288