

**THE 31ST ANNUAL PUBLIC SECTOR PSYCHIATRY CONFERENCE:  
*Families' Roles in Mental Illness:  
Responses & Resilience in Rehabilitation & Recovery*  
Wednesday, June 17, 2015**

The following information will be used for the UMass Department of Psychiatry records. Please type or print clearly.  
Registration form should not be mailed unless receipt can be guaranteed before registration deadline.

Name \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Professional Degree/Certification \_\_\_\_\_ Fax # \_\_\_\_\_  
(For name badge and CEU certificate)

E-mail address \_\_\_\_\_  
(For confirmation)

Employer \_\_\_\_\_  
(For roster and name badge) City, State, Zip

Mailing address: \_\_\_\_\_  
(For certificate) City, State, Zip

**Space for this conference is limited.  
Registration must be accompanied by payment or purchase order and will be accepted in order of receipt.  
Registration deadline: 5:00 p.m., June 8, 2015 or will be closed when space is full.**

To register, complete this form and send with check, UMMS *speedtype*, or copy of purchase order (payable to **UMMS Dept. of Psychiatry**) to:

**UMASS MEDICAL SCHOOL  
Bursar's Office, RM S1-802  
55 Lake Avenue North  
Worcester, MA 01665**

For questions, contact Ms. Roxanne Wellman at (508) 368-0704.

**Registration Fee**— includes the cost of registration, continental breakfast voucher (*available from 7:30-8:30am*), lunch voucher, parking voucher, and Continuing Education credits.

**Check one:**

- I would like to register **one person**. A check for \$150 is enclosed.
- I would like to register **2 - 4 persons** with one check, UMMS *speedtype*, or purchase order. Total# \_\_\_\_\_ x \$150 = \$ \_\_\_\_\_
- I would like to register **5 or more persons** with one check, UMMS *speedtype*, or purchase order. Total# \_\_\_\_\_ x \$80 = \$ \_\_\_\_\_

**NOTE: If enrolling multiple individuals, please provide the information requested on the top part of this form for name badge and continuing education purposes. Either make copies and complete top part for each participant, or provide participant information on reverse or a separate sheet.**

**Payment, check one:**

- I'm including a check or purchase order payable to: **UMMS Dept. of Psychiatry**
- UMMS ONLY - I'm registering with an internal account. The account *speedtype* is: \_\_\_\_\_

Name of person authorizing charge to this *speedtype*: (please print) \_\_\_\_\_

Authorizing Person's Signature: \_\_\_\_\_