

THE 33<sup>RD</sup> ANNUAL UMMS PUBLIC SECTOR PSYCHIATRY CONFERENCE  
COMMUNICATING WITH AND ABOUT PERSONS WITH MENTAL ILLNESS:

THE TRIED-AND-TRUE AND THE NEW  
Tuesday, June 13, 2017, 7:30am– 4:30pm  
Worcester Recovery Center and Hospital

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 roster, name badge and CEU certificate)

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

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

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

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., Friday, June 9, 2017 or will be closed when space is full.

To register, complete this form and send with check, UMMS *speed type*, 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**— Costs include continental breakfast (*available from 7:30-8:30am*) and lunch.

**Check one:**

- ☐ I would like to register **1 person**. A check for **\$160** is enclosed.
- ☐ I would like to register **DMH employee(s)**. Total# \_\_\_\_\_ x **\$110** = \$ \_\_\_\_\_. A check or **Purchase Order** is enclosed.
- ☐ I would like to register **2 – 4 persons** with one **check, UMMS Speedtype, or Purchase Order**. Total# \_\_\_\_\_ x **\$160** = \$ \_\_\_\_\_
- ☐ I would like to register **5 or more persons** with one **check, UMMS Speedtype, or Purchase Order**. Total# \_\_\_\_\_ x **\$110** = \$ \_\_\_\_\_

**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 USE 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: \_\_\_\_\_