

Registration Form - Register by April 21, 2017

An Update on Suicidal Behavior in Youth: Causes, Treatment, Prevention (MDO4)

May 3-4, 2017

Please type or print; photocopy for additional registrants

Social Security Number (Last five digits only):				
First Name:		Last Name:		
Degree(s) to be noted on name badge (e.g. MD, PhD)				
Institutional Affiliation:				
Address:				
Address 2:				
City:		State:	Zip	
County:				
Day Telephone:				
E-Mail Address:				
Please Complete:		I will attend on the following days: <input type="checkbox"/> Day One Only; <input type="checkbox"/> Day Two Only; <input type="checkbox"/> Days One and Two Please register me for: <input type="checkbox"/> Day One Lunch Presentation (Betsy Kennard, Kim Poling and Jae-Won Kim) <input type="checkbox"/> Day Two Lunch Presentation (Oscar Bukstein) <input type="checkbox"/> I am requesting a Vegetarian meal option		
For Continuing Education purposes, please check if you are: <input type="checkbox"/> CADC/CCDP <input type="checkbox"/> NBCC Counselor <input type="checkbox"/> Nurse <input type="checkbox"/> Psychologist <input type="checkbox"/> Physician/MD <input type="checkbox"/> Social Worker (LSW/LCSW/LPC/LMFT) <input type="checkbox"/> Certified Peer Specialist				
Method of Payment:				
Tuition amount \$ _____				
<input type="checkbox"/> Check (Payable to OERP/WPIC) Check# _____				
<input type="checkbox"/> UPMC Account Transfer Business Unit _____ Dept. ID _____				
Administrator Name _____				
Administrator Signature _____				

Only registration with credit card payment can be processed online at <http://bit.ly/2eobHyP> . All other registrations and payments (check or UPMC Account Transfer) must be sent in with this form to:

Attn: Nancy Mundy, OERP/WPIC, 3811 O'Hara Street, Champion Commons Building, Rm. 322, Pittsburgh, PA 15213
Fax: 412-204-9110 Telephone: 412-204-9090

E-MAIL: mundynl@upmc.edu
www.wpic.pitt.edu/oerp