

REGISTRATION FORM

Psychiatry Postgraduate Conference

18-278-01 | 5-42584-00

Name _____

Address _____

City _____ State _____

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Speciality _____ Degree _____

Organization _____

CONFERENCE FEES

	IPS Member	Non-Member
Physician	<input type="checkbox"/> \$150	<input type="checkbox"/> \$225
Nurse/Allied Health Professional	N/A	<input type="checkbox"/> \$175
UI Dept. of Psychiatry Faculty & Staff	<input type="checkbox"/> \$125	<input type="checkbox"/> \$175
Residents/Fellows	<input type="checkbox"/> \$25	<input type="checkbox"/> \$75
Medical Students	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0

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HOW TO REGISTER

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ONLINE

<https://centerforconferences.uiowa.edu/psychiatry-post-graduate-conference-meeting-iowa-psychiatric-society>