

PEPP@20: PROFESSIONAL DEVELOPMENT PROGRAM

"Intervening Early in Psychosis: Opportunities Ahead for the Next 20 Years"

Friday, September 29th, 2017

REGISTRATION FORM

REGISTRANT INFORMATION

Last Name _____ First Name _____

Address _____ City _____

Province _____ Postal Code _____ Country _____

Telephone _____ E-mail _____

METHOD OF PAYMENT

REGISTRATION TYPE: Psychiatrists: ☐ \$250.00 ☐ \$200.00 (before Aug. 1st)

Non-physicians & other disciplines: ☐ \$200.00 ☐ \$150.00 (before Aug. 1st)

Students: ☐ \$125.00 ☐ \$100.00 (before Aug. 1st)

CHEQUE ☐ [payable to Lawson Health Research Institute-PEPP]

CREDIT CARD INFORMATION:

VISA ☐ MASTERCARD ☐ # _ _ _ _ _ / _ _ _ _ _
Exp. Date Authorization Code

CARDHOLDER'S NAME (as it appears on the card) - PLEASE PRINT

SIGNATURE

HOW TO SUBMIT

- If paying by credit card, scan the completed form & e-mail to pepp20@lhsc.on.ca, or fax to: Jacqueline DiMattia at (519) 685-8074.
- If paying by cheque, please make payable to *Lawson Health Research Institute-PEPP* and mail to: PEPP@20, c/o Jacqueline DiMattia, London Health Sciences Centre-VH, A2-636, 800 Commissioners Road East, London, Ontario N6A 5W9.

FULL PAYMENT MUST ACCOMPANY THIS REGISTRATION FORM

