

2024 FALL MEETING

OCTOBER 4-5, 2024

Hilton Richmond Downtown | Richmond, VA

- Please Print -

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip _____

Email* _____

Office Phone _____ Fax _____

*E-Mail required for registration confirmation.

MEETING REGISTRATION:

	Through 9/4/2024	After 9/4/2024
_____ PSV Member.....	\$150	\$200
_____ Physician/PhD (non-psychiatrist)	\$200	\$250
_____ Non-Member (psychiatrist).....	\$250	\$300
_____ <input type="checkbox"/> PA <input type="checkbox"/> RN <input type="checkbox"/> Researcher	\$125	\$200
_____ <input type="checkbox"/> Medical Student <input type="checkbox"/> Resident	N/C	N/C
_____ <input type="checkbox"/> DLFAPA <input type="checkbox"/> LFAPA <input type="checkbox"/> Retired	\$50	\$75
_____ APA Member	\$175	\$225
_____ VACAP Member	\$150	\$200

TOTAL DUE \$ _____

Please complete payment information on Page 2

By submitting this registration, I affirm I have read and agree to the following terms:

• **COVID-19 RELEASE & HOLD HARMLESS AGREEMENT:** By registering and attending a Psychiatric Society of Virginia (PSV) event/meeting you acknowledge that there is an unknown risk of exposure to COVID-19 through exposure to contaminated objects, as well as through personal contact. Such exposure carries with it a certain degree of risk that could result in illness, disability or death. You agree to release and hold harmless PSV, its employees, officers, and vendors from and against all claims of damages and liability resulting from exposure to COVID-19. Registrants/Attendees also warrant they are abiding by their state/locality laws regarding COVID-19 restrictions. Initial _____

• **CROWD RELEASE:** By registering and attending a Psychiatric Society of Virginia (PSV) event/meeting you grant PSV full rights in perpetuity to use the images resulting from the photography/video filming taken at the event/meeting, and any reproductions or adaptations of the images for publicity or other purposes to help achieve PSV's mission. This might include (but is not limited to), the right to use them in PSV's printed publications and in online publicity, social media, and live streaming.

I agree. YES initial _____ NO initial _____

I will attend the following:

FRIDAY - OCTOBER 4, 2024

- 3:00 - 5:30 pm - Child & Adolescent Session
- 5:30 - 7:00 pm - Reception with Legislators

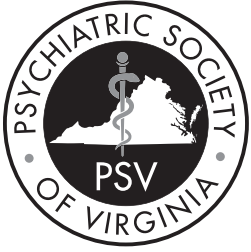
SATURDAY - OCTOBER 5, 2024

All attendees are encouraged to join us for complimentary breakfast.

- Breakfast
- Ethics Breakfast (*Residents are welcome*)
- Foundation Breakfast
- Legislative Committee
- VA Council of AACAP Breakfast
- Members-in-Training Breakfast
- Luncheon and Business Meeting
- Resident Breakout Session
- Vegetarian or special dietary needs:

PSYCHIATRIC SOCIETY OF VIRGINIA

2209 Dickens Road • Richmond, VA 23230-2005 • (804) 565-6377 • Fax: (804) 282-0090 • Email: psv@societyhq.com



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PAYMENT:

Make checks payable to: **Psychiatric Society of Virginia**

Credit Card Payment:

VISA MasterCard American Express Discover

Card No _____ CVV Code: _____ Exp. Date _____

Signature _____ Printed Name on Card _____

Credit Card Billing Address: _____ Credit Card Zip Code: _____

Cancellation Policy: An 80% refund will be issued through September 4, 2024. No refunds will be issued after September 4, 2024. Refunds will be determined by the date the written or e-mailed cancellation is received at the PSV headquarters. Please contact PSV with any questions.