



**american
society for
adolescent
psychiatry**

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**American Society for Adolescent Psychiatry
2010 Conference Registration Form
Los Angeles, California
March 6-7, 2010**

Make checks payable to **ASAP**, full payment must accompany registration form. Fees must be paid in U.S. funds drawn against a U.S. bank. Visa and MasterCard also will be accepted. Please use one form per registration. Form may be photocopied.

(Please type or print clearly)

Last Name _____ Degree(s) _____ (to be printed on your name tag)
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For Continuing Education Accreditation, please check one:

MD Social Work Psychology LMFT Other _____

Last 4 digits Social Security# _____ (required for CME)

Check one:

Conference

Members \$195

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I am a psychiatrist or psychiatry resident interested in adolescent psychiatry, and not yet a member of ASAP. Please send me membership information (even if I cannot attend the ASAP Annual Meeting).

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