REGISTRATION FORM
NINTH INTERNATIONAL CONFERENCE ON BIPOLAR DISORDER (MC37)
THURSDAY, JUNE 9 - SATURDAY, JUNE 11, 2011
CREDIT CARD USERS MAY REGISTER ONLINE AT www.9thbipolar.org.

Please TYPE or PRINT (photocopy for additional registrants)
Social Security Number (last five digits only) __ __ __ __ __
Name _____________________________________________
Degree(s) to be noted on name badge (e.g. MD, PhD) ______
Institutional Affiliation _____________________________________________
Address _______________________________________________________
City ___________________________ State ___________________
ZIP or Country Code ____________________________________________
Country _______________________________________________________
Day Telephone _________________________________________________
E-mail Address ________________________________________________
Specialty _______________________________________________________

For Continuing Education Credit purposes, please check if you are:
❑ Certified Addiction Counselor  ❑ Nurse
❑ Certified Peer Specialist  ❑ Physician
❑ CPRP  ❑ Psychologist
❑ CRC  ❑ LSW/LCSW/
❑ NBCC Counselor (NBCC # ______)  ❑ LPC/LMFT

Please circle which “Concurrent Sessions” you will be attending:
Day 1: Thursday — T1 T2 T3 T4 T5 T6 T7
Day 2: Friday — F1 F2 F3 F4 F5 F6 F7 F8
Day 3: Saturday — S1 S2 S3 S4 S5 S6A S7A

FEE SCHEDULE
Check your appropriate fee.
Entire conference:
• before 4/15/11 __________________ $695
• 4/15/11-6/1/11 __________________ $800
• after 6/1/11 and on-site __________________ $850

One Day:
June 9 only __________________ $300
June 10 only __________________ $300
June 11 only __________________ $300

(Over)
International Society for Bipolar Disorders (ISBD) members

Entire conference:
• before 4/15/11 $595
• 4/15/11-6/1/11 $700
• after 6/1/11 and on-site $750

One Day:
June 9 only $250
June 10 only $250
June 11 only $250

UPMC faculty and staff/Pennsylvania State Hospital staff/
Residents and students

Entire conference:
• before 4/15/11 $350
• 4/15/11-6/1/11 $350
• after 6/1/11 and on-site $400

One Day:
June 9 only $150
June 10 only $150
June 11 only $150

Family members/consumers
June 11 only $75

Dinner: June 10, 2011
Number of tickets (x $75 each) = Total

Please indicate choice and number of entrée(s):
____ meat ______ fish ______ vegetarian

Total enclosed $ Check no.

Method of payment:
☐ Check (payable to OERP/WPIC)
☐ American Express ☐ Visa ☐ Discover ☐ MasterCard

To be completed by credit card users only.
Card number ________________ Security Code __________

Today’s Date __________________________

To be completed for UPMC account transfers only.
Account number __________________________
Administrator’s name __________________________
Administrator’s signature __________________________

Please indicate dietary requirements (vegetarian, kosher, etc.)
or special needs related to physical disabilities.