

AACPM/COTH WORKSHOP
at
2012 CRIP

**FACULTY
REGISTRATION
FORM**

**Setting Behavioral
and Academic
Expectations**

A registration form must be submitted for each faculty member attending.

FULL NAME: _____

HOSPITAL/INSTITUTION: _____

MAILING ADDRESS: _____

PHONE: (____) _____ EMAIL: _____

Registration includes continental breakfast at 7 am or light dinner at 5 pm and any program materials.

INDICATE DATE of ATTENDANCE: Please place an "X" in front of the workshop you plan to attend:

SECTION 1: ____ Fri, Jan 13th at 7:30-9:00 am ____ Sat, Jan 14th at 7:30 am-9:00 am

SECTION 2: ____ Sun, Jan 15th at 5:30-7:00 pm ____ Mon, Jan 16th at 5:30-7:00 pm

REGISTRATION FEE: ____ **2011-2012 AACPM/COTH MEMBER Registration Voucher**

Two included with membership fee **\$ 0.00**

____ Additional 2010-2011 AACPM/COTH MEMBERS: \$ 75.00

____ NON-MEMBERS: \$145.00

See registration memo for applicable refund policies.

DEADLINE FOR REGISTRATION: December 14, 2011

Please return the completed form with the fee, if applicable, made payable to AACPM:

COTH WORKSHOP
15850 CRABBS BRANCH WAY * SUITE 320 * ROCKVILLE, MD 20855-2622
301-948-9764 * **301-948-1928(fax)** * nwilliams@aacpm.org