

Northern California Regional Organization of Child & Adolescent Psychiatry

January 26-27, 2019 Annual Conference Clinical Inter-Institutional Collaboration La Playa Hotel Camino Real & 8th Ave., Carmel-by-the-Sea, CA 93921

Name

Address

City, State, Zip

Phone

E-Mail

Hotel Reservations:

\$299 NCROCAP Rate

La Playa Hotel

(reservations by phone only 800/582-8900 for this rate - please note that the La Playa Hotel has limited capacity (75 rooms in the hotel), and not all rooms are reserved for our meeting and special rate, so we highly recommend booking your room quickly)

Registration Fee [please check appropriate box(es)]

NCROCAP Member

_____ **\$250** discounted Early Bird rate by November 15th

_____ \$300 by December 15

_____ \$350 by January 10

_____ \$400 After January 10th or On Site

Non-NCROCAP Member

_____ **\$300** discounted Early Bird rate by November 15th

_____ \$350 by December 15

_____ \$400 by January 10

_____ \$450 After January 10th or On Site

Resident/Fellow

_____ **\$25** discounted Early Bird rate by November 15th

_____ \$50 after November 15th or On Site

Medical Student

_____ **\$0** discounted Early Bird rate by November 15th

_____ \$15 after November 15th or On Site

If a partner/spouse may be accompanying you to any conference events please make sure to register them.

Additional _____ \$70 for partner/spouse access to all main conference events, including presentations, receptions, and Sunday Literary Morning (featuring Rachel Kushner, Booker Prize Finalist)

Additional _____ \$35 for partner/spouse access to Sunday Literary Morning only.

PLEASE NOTE: We are expecting a full house for this year's annual meeting. Other than full registrants, only registered spouse/partners will have access to conference events, including the Sunday Literary Morning.

- Please also note that registration for Saturday Master Psychopharmacologist Breakfast with Dr. Glen Elliott, MD/PhD and Saturday Legislative Lunch with Senator Jim Beall is only available when registering for the conference online.

PLEASE RETURN THIS COMPLETED FORM WITH REGISTRATION FEE(S).

We accept Visa and Mastercard: Name: _____

Card # _____ Exp. Date: _____ Security code: _____

Billing address: _____

Checks should be made payable to NCROCAP and mailed to:

NCROCAP, 432 60th Street, Oakland, CA 94609

For any questions: E-mail: ncrocap@gmail.com