

REGISTRATION FORM: Washington School of Psychiatry
for short courses, seminars, lectures and single conferences

Please print this form and mail or fax to WSP. (See mailing address below;
fax is 202-237-2730)

Name _____ Degree _____

Name for name tag _____

Major Profession _____

Mailing Address _____

City _____ State _____ Zip Code _____

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Short course, seminar, conference or other event(s) for which you are registering:
Title(s) _____ Date(s) _____

_____ Total registration fee(s) enclosed

Make checks payable to Washington School of Psychiatry. All cancellations are subject
to a non-refundable administrative fee of \$50.

Please bill my credit card for the total amount indicated above.

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Account Number _____ Expir. Date _____

Signature _____ (must be provided to charge)

Send or fax this completed form and fee to:

Registrar, Washington School of Psychiatry

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