



64TH ANNUAL MEETING October 23–28, 2017 Washington, DC

REGISTRATION FORM

Register online at www.aacap.org/AnnualMeeting/2017

4. REGISTRATION FEE SCHEDULE (MUST SELECT ONE)

PLEASE TURN FORM OVER FOR TICKETED EVENTS.

Important: All fees are in U.S. dollars.

	Early Bird Rate (Register by Sept. 15)	Early Bird Rate w/ Conference Enrichment Package	Late Rate (Register after Sept. 15)	Late Rate w/ Conference Enrichment Package (Not available onsite)	Onsite Rate	
AACAP MEMBERS						
Members	\$360	\$539	\$470	\$649	\$520	\$ _____
Member Presenters	\$360	\$539	\$470	\$649	\$520	\$ _____
Member Residents	\$130	\$229	\$205	\$304	\$230	\$ _____
Medical Students (ID required for non-members)	\$0	\$99	\$0	\$99	\$0	\$ _____
Single Day	\$225	N/A	\$225	N/A	\$250	\$ _____

Please specify day: Tues., Oct. 24 Wed., Oct. 25 Thurs., Oct. 26
 Fri., Oct. 27 Sat., Oct. 28

	Early Bird Rate (Register by Sept. 15)	Early Bird Rate w/ Conference Enrichment Package	Late Rate (Register after Sept. 15)	Late Rate w/ Conference Enrichment Package	Onsite Rate	
NON-MEMBERS						
Non-Members	\$595	\$774	\$745	\$924	\$795	\$ _____
Non-Member Residents	\$140	\$239	\$215	\$314	\$230	\$ _____
Non-Member Presenters (Non-Psychiatrist)	\$175	\$354	\$200	\$379	\$225	\$ _____
Non-Member Presenters (Psychiatrist)	\$360	\$539	\$470	\$649	\$520	\$ _____
Monitors (Register for free! Register online to select your preferred sessions.)	\$0	\$99	\$0	\$99	\$0	\$ _____
Single Day	\$390	N/A	\$390	N/A	\$415	\$ _____

Please specify day: Tues., Oct. 24 Wed., Oct. 25 Thurs., Oct. 26
 Fri., Oct. 27 Sat., Oct. 28

NOTE: The Conference Enrichment Package is nonrefundable. AACAP will keep \$179 for the recordings and you can access them after the meeting.

5. OPTIONAL ADD-ONS

Donation to AACAP's Campaign for America's Kids (CFAK) \$ _____

Acknowledgement of your gift will be mailed to the mailing address provided.

6. TOTAL FEES

Please complete this section before submitting to confirm the details of your registration.

General Registration Fee (section 4)	\$ _____
Guest Registration Fee (section 2)	\$ _____
Ticketed Events Subtotal (back side)	\$ _____
Optional Add-On Subtotal (section 5)	\$ _____
TOTAL AMOUNT DUE	\$ _____

7. PAYMENT INFORMATION

Registrations submitted without payment cannot be processed.

CHECKS: Checks must be drawn on a U.S. bank and made payable to AACAP. Send payment and registration form to AACAP, PO Box 96106, Washington, DC 20090-6106.

CREDIT CARDS: AACAP only accepts MasterCard, Visa, and American Express.

Name as it appears on the credit card

Credit Card #

Exp. Date

Signature (required)

"I authorize AACAP to charge the total amount due in U.S. dollars."

INTERNAL USE ONLY: _____

NOTE: Pre-registrations cannot be accepted after October 2, 2017. Attendees must register at Onsite Registration after this date.

CONFERENCE ENRICHMENT PACKAGE: Add session recordings and much more to your registration fee for big savings! Conference Enrichment Package prices are only available through October 2, 2017.

1. ATTENDEE INFORMATION

Print or type all information clearly.

AACAP Member ID _____

I'm not a member but would like someone to contact me about joining.

FULL NAME MD DO PhD Other: _____

MAILING ADDRESS _____ SUITE #/APT. # _____

CITY _____ STATE/PROVINCE _____ ZIP _____ COUNTRY _____

WORK PHONE _____ HOME PHONE _____ FAX _____

EMAIL ADDRESS (required) _____

EMERGENCY CONTACT NAME _____ PHONE NUMBER _____

YES, I want to receive all future AACAP mailings at this address (includes *Journal* and dues billing).

YES, this is my first time attending an Annual Meeting!

YES, I am a physician.

If yes, select your primary practice area:

Behavioral Pediatrics Child and Adolescent Psychiatry
 Family Practice/Internal Medicine General Psychiatry Neurology
 Pediatrics Other _____

If you are not a physician, select your professional category:

Nurse Practitioner Physician Assistant Psychiatric Nurse
 Psychologist Registered Nurse Social Worker
 Other _____

I DO NOT want to receive pre-meeting mailings from exhibitors.

How many children do you plan to bring to the Annual Meeting? _____

In response to members' feedback, the Program Committee is considering decreasing time allotted for Symposia, Clinical Perspectives, and Clinical Case Conferences from 3 hours to a shorter duration (perhaps 2 or 2.5 hours). Please indicate your preference for committee consideration as these discussions move forward.

I recommend that these programs remain 3 hours in length

I recommend decreasing the time for these programs

Please indicate requests for special needs, including facilities, visual or audio aids, or dietary requirements. Requests can also be sent to registrar@aacap.org.

2. GUEST REGISTRATION

For \$75, registered guests can attend social and evening activities only.

Guests are not eligible for CME credit.

BADGE NAME _____

3. SIGNATURE REQUIRED

By registering for this meeting, registrant grants AACAP and its sublicensee(s) the right to record his/her presentation, remarks, appearance, or other participation, and to reproduce and distribute such recording by any means and for any purpose without payment to the registrant. Registrant also agrees that it will not reproduce, distribute, summarize, adapt, publicly perform, or publicly display any presentation or accompanying materials, in whole or in part, for commercial purposes without prior written authorization from the copyright owner(s), nor will registrant use the AACAP name or logo in connection with any commercial use of such materials without written authorization from AACAP.

Please sign below acknowledging that you understand this paragraph.

Signature Required _____

TICKETED EVENTS

Please mark this form clearly. All ticketed event fees must be included on the front of this form under Section 6. If a selected ticketed event is sold out before receipt of this form, you will not be charged for that event. A member of the AACAP staff will contact you about available ticketed events. Please confirm ticketed event and registration fee on the corresponding line.

INSTITUTES

AACAP Member Fee \$160 Non-Member Fee \$260
AACAP Resident Member/Medical Student Fee \$80 Non-Member Resident Fee \$130

1. Advanced Psychopharmacology Update: Balancing Benefits and Risks (Tues., Oct. 24)	\$ _____
2. Research Institute: This Is Your Brain on Child Psychiatry. Any Questions? A Practical Update on the Impact of Neuroimaging Findings in Child Psychiatry (Tues., Oct. 24)	\$ _____
3. Autism Spectrum Disorder: From Clinical Practice to Cutting Edge Research (Wed., Oct. 25)	\$ _____
4. Family-Based Psychiatric Interventions for Physically Ill Children (Thurs., Oct. 26)	\$ _____
5. Lifelong Learning Institute: Module 14: Relevant Clinical Updates for Child and Adolescent Psychiatrists (Thurs., Oct. 26)	\$ _____
6. Insomnia: The Sleeping Giant of Pediatric Public Health (Fri., Oct. 27)	\$ _____
7. Intellectual Disability and Co-Occurring Psychiatric Disorders: Diagnosis, Treatment, and Forensic Issues (Fri., Oct. 27)	\$ _____
8. Practical Pediatric Psychopharmacology for Pediatricians and Non-Child Psychiatrists (Sat., Oct. 28)	\$ _____
TOTAL INSTITUTE FEES	\$ _____

YES, I want to receive a printed copy of the Institute Notebook(s).

SPECIAL INTEREST STUDY GROUPS

Space is limited to 25 attendees each session. Select only one session.

AACAP Member Fee \$20 Non-Member Fee \$25
AACAP Resident Member/Medical Student Fee \$10 Non-Member Resident Fee \$12

All sessions are held concurrently on Friday, October 27, 5:00 pm–6:30 pm	
1. Anti-Stigma Advocacy and Social Media	\$ _____
2. Behavioral Health Integration in Primary Care: A Hybrid Model	\$ _____
3. College Student Mental Health	\$ _____
4. Community-Based Systems of Care	\$ _____
5. Family Interventions for Child and Adolescent Psychiatrists	\$ _____
6. Geek-Minded Psychiatry: Clinical and Therapeutic Applications	\$ _____
7. Pediatric Consultation Liaison/Psychosomatic Medicine Curricula	\$ _____
8. Preventing Restraint and Seclusion	\$ _____
9. Problem-Based Learning in Child and Adolescent Psychiatry	\$ _____
10. Selective Mutism With or Without Social Anxiety Disorder: Developing A Better Understanding of Young Children Who Do Not Speak	\$ _____
11. Understanding Parental Alienation	\$ _____
12. When the Color of My Face Matters: Race, Discrimination, and the Child and Adolescent Psychiatrist	\$ _____
TOTAL SIG FEES	\$ _____

WORKSHOPS

Space is limited to 30 attendees each session. Circle only one in each grouping.

AACAP Member Fee \$70 Non-Member Fee \$110
AACAP Resident Member/Medical Student Fee \$35 Non-Member Resident Fee \$55

Wednesday, October 25 • Workshops 1–4, 10:00 am–1:00 pm							
1	2	3	4	\$ _____			
Wednesday, October 25 • Workshops 5–11, 3:00 pm–6:00 pm							
5	6	7	8	9	10	11	\$ _____
Thursday, October 26 • Workshops 12–16, 8:30 am–11:30 am							
12	13	14	15	16	\$ _____		
Thursday, October 26 • Workshops 17–21, 2:00 pm–5:00 pm							
17	18	19	20	21	\$ _____		
Friday, October 27 • Workshops 22–26, 8:30 am–11:30 am							
22	23	24	25	26	\$ _____		
Friday, October 27 • Workshops 27–31, 1:30 pm–4:30 pm							
27	28	29	30	31	\$ _____		
Saturday, October 28 • Workshops 32–34, 8:30 am–11:30 am							
32	33	34	\$ _____				
Saturday, October 28 • Workshops 35–37, 1:30 pm–4:30 pm							
35	36	37	\$ _____				
TOTAL WORKSHOP FEES							

EXTENDED WORKSHOPS

Space is limited to 40 attendees in each session.

AACAP Member Fee \$120 Non-Member Fee \$180
AACAP Resident Member/Medical Student Fee \$60 Non-Member Resident Fee \$90

Wednesday, October 25, 10:00 am–6:00 pm	
Extended Workshop 1: Trauma-Focused Cognitive-Behavioral Therapy for Interpersonal Violence: Practical Strategies for Child Psychiatrists	\$ _____
Thursday, October 26, 8:30 am–5:00 pm	
Extended Workshop 2: Meditation/Mindfulness: Use in Clinical Practice	\$ _____
Friday, October 27, 8:30 am–4:30 pm	
Extended Workshop 3: Introduction to Motivational Interviewing: Skill-Building Fundamentals	\$ _____
Friday, October 27, 8:30 am–5:00 pm	
Extended Workshop 4: Dialectical Behavior Therapy Toolkit for Child Psychiatrists: Targeting Self-Injury and Suicidal Behavior	\$ _____
Saturday, October 28, 8:30 am–4:30 pm	
Extended Workshop 5: Fundamentals in Mentalization-Based Treatment for Suicidal and Self-Injurious Youth	\$ _____
TOTAL EXTENDED WORKSHOP FEES	

CLINICAL CONSULTATION BREAKFASTS

Space is limited to 15 attendees each session. Select only one session per day.

AACAP Member Fee \$65 Non-Member Fee \$75
AACAP Resident Member/Medical Student Fee \$32 Non-Member Resident Fee \$37

Thursday, October 26, 7:00 am–8:30 am	
1. Anorexia Nervosa: What to Do When Treatment Fails for Kids and Teens	\$ _____
2. Handling Bullying, Cyberbullying, and Social Media Topics	\$ _____
3. Master Clinician: Christopher J. McDougle MD: The Psychopharmacology of Autism Spectrum Disorder	\$ _____
4. Master Clinician: James Hudziak, MD: Practical Approaches to Prescribing Health Promotion and Illness Prevention in a Child Psychiatric, Pediatric, and OBGYN Settings: The Vermont Family-Based Approach	\$ _____
5. Master Clinician: Lily Hechtman, MD: Attention-Deficit/Hyperactivity Disorder through the Lifespan: Childhood, Adolescence, and Adulthood	\$ _____
6. Talking Trauma: Trauma-Informed Consultation to Child-Serving Systems	\$ _____
Friday, October 27, 7:00 am–8:30 am	
7. Attention-Deficit/Hyperactivity Disorder (ADHD) With Comorbid Disorders: Diagnostic and Treatment Challenges in Complex ADHD Cases	\$ _____
8. Master Clinician: Jeffrey R. Strawn, MD: Treatment for Pediatric Anxiety Disorders: Beyond SSRIs and Cognitive-Behavioral Therapy	\$ _____
9. Gender Diversity and Dysphoria: What the Child and Adolescent Psychiatrist Needs to Know	\$ _____
10. Master Clinician: Adelaide S. Robb, MD: Topics in Psychopharmacology and Treatment Resistant Patients	\$ _____
11. Master Clinician: David J. Miklowitz, PhD: Psychosocial Intervention in Pediatric-Onset Bipolar Disorder	\$ _____
12. Complementing Treatment of Adolescents by Making Use of Dreams, Fantasies, and Metaphors	\$ _____
Saturday, October 28, 7:00 am–8:30 am	
13. Master Clinician: Barbara J. Coffey, MD, MS: Tics, Twitches, and More: Navigation Advice for Child and Adolescent Psychiatrists	\$ _____
14. Master Clinician: Efrain Bleiberg, MD: What Works in the Treatment of Affectively Dysregulated and Impulsive Adolescents	\$ _____
15. Master Clinician: Irene Chatoor, MD: Avoidant/Restrictive Food Intake Disorder: From Infancy to Adolescence	\$ _____
16. Master Clinician: Kevin M. Gray, MD: How Clinical Research Can Help Us Address Adolescent Substance Use Disorders	\$ _____
17. Master Clinician: Manon Hillegers, MD, PhD: The Dutch Detective Strategy to Engage, Assess, and Treat Youth At Risk for Mood and Psychotic Disorders	\$ _____
18. Religion and Spirituality in Clinical Practice	\$ _____
TOTAL CCB FEES	

OTHER TICKETED EVENTS

Systems of Care Special Program: Making an Impact in What Matters: Risk, Resiliency, and Systemic Approaches to Social Determinants of Behavioral Health in Youth (Mon., Oct. 23)	
AACAP Members and Nonmembers \$175	
AACAP Members and Nonmembers (after Sept. 15) \$200	\$ _____
Residents and Medical Students \$90	
This price doesn't change after the early bird deadline.	
AACAP Legislative Program and Congressional Visits (Mon., Oct. 23)	
AACAP Association Members \$0	<input type="checkbox"/>
The Child Psychiatrist as an Advocate for LGBT Youth: The Intersection of Policy, Law, and Clinical Practice When Optimizing the Health of LGBT Youth (Tues., Oct. 24)	
All attendees \$0	<input type="checkbox"/>
Assembly of Regional Organizations (Tues., Oct. 24) Available to AACAP Members Only	
Assembly Delegates (by Sept. 15) \$0	
Non-Assembly Delegates or Delegates after Sept. 15 \$75	\$ _____
Cross-Cultural Immersion With Gallaudet University: A Clinical Practicum in Mental Health Needs of Deaf and Hard of Hearing Youth (Thurs., Oct. 26)	
AACAP Member \$150	AACAP Resident Member/Medical Students \$75
Medical Student and Resident Breakfast: The Possibilities on this Journey (Thurs., Oct. 26)	\$ _____
All Attendees \$20	\$ _____
Healing the Pain: Perspectives from Child and Adolescent Psychiatry on Adolescent Suicide and Opioid Misuse (Thurs., Oct. 26)	
AACAP Members \$20	\$ _____
Mentorship Program for Trainees (Parts 1 and 2) (Thurs., Oct. 26 & Fri., Oct. 27) Available to Medical Students and Residents Only	
AACAP Members \$0	Non-Members \$0
Life Members Reception and Dinner (Thurs., Oct. 26)	<input type="checkbox"/>
Life Members \$140	Spouses \$140
Life Members (after Sept. 15) \$165	Spouses (after Sept. 15) \$165
<input type="checkbox"/> Chicken <input type="checkbox"/> Salmon <input type="checkbox"/> Vegetarian	<input type="checkbox"/> Chicken <input type="checkbox"/> Salmon <input type="checkbox"/> Vegetarian
National Gallery of Art Tour (Thurs., Oct. 26)	
All Attendees \$30	\$ _____
2017 International Medical Graduate Mentorship Forum (Fri., Oct. 27)	
All Attendees \$0	<input type="checkbox"/>
Clinical Research Practicum: A Day at the National Institute of Mental Health (Fri., Oct. 27)	
AACAP Members \$50	AACAP Resident Members/Medical Students \$25
Training and Education Lunch (Fri., Oct. 27)	
AACAP Members \$75	Non-Members \$90
AACAP Members (after Sept. 15) \$85	Non-Members (after Sept. 15) \$100
Holocaust Museum Tour (Fri., Oct. 27)	
All Attendees \$30	\$ _____
TOTAL FEES	

IF YOU FAX YOUR REGISTRATION FORM, REMEMBER TO FAX THE BACK SIDE FOR TICKETED EVENTS.

Fax: 202.464.0131, 24 hours a day.
Mail: AACAP, Attn: Registrar, PO Box 96106, Washington, DC 20090-6106