

**Register online  
& SAVE  
\$25 on your  
registration fees!**

**AMERICAN ACADEMY OF  
CHILD & ADOLESCENT  
PSYCHIATRY**

**Registration Form**

AACAP 56<sup>th</sup> Annual Meeting

October 27 — November 1, 2009,  
Hilton Hawaiian Village, Honolulu, HI

**1. GENERAL REGISTRATION**

DEADLINE FOR RETURN: **SEPTEMBER 15**. PRINT OR TYPE ALL INFORMATION. INSTRUCTIONS ON PAGE 77.

**AACAP MEMBER?**  YES, MEMBER ID# (IF KNOWN) \_\_\_\_\_  NO  
**ARE YOU A PHYSICIAN?**  YES  NO

FIRST \_\_\_\_\_ MI \_\_\_\_\_ LAST \_\_\_\_\_

CIRCLE ONE M.D. D.O. PH.D. OTHER \_\_\_\_\_

STREET/P.O. BOX \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROV \_\_\_\_\_ ZIP/POSTAL CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_

WORK TEL \_\_\_\_\_

HOME TEL \_\_\_\_\_

FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

EMERGENCY CONTACT NAME AND TEL \_\_\_\_\_

**I WANT TO RECEIVE ALL FUTURE AACAP MAILINGS AT THIS ADDRESS**  
(includes Journal and billing)  YES  NO

**FIRST TIME ATTENDING MEETING?**  YES  NO

**IN WHICH HOTEL WILL YOU BE STAYING?**  
 HILTON HAWAIIAN VILLAGE  OTHER (PLEASE SPECIFY) \_\_\_\_\_

**DO YOU SPEND 50 HOURS OR MORE PER YEAR IN FACE TO FACE TIME WITH MEDICAL STUDENTS (TEACHING, MENTORING, ETC.)?**  
 YES  NO

**HOW DID YOU HEAR ABOUT US?**  
 AACAP WEB SITE  AACAP NEWS  AACAP REGISTRATION MAGAZINE  
 AACAP E-MAIL  AACAP JOURNAL  OTHER \_\_\_\_\_

**WOULD YOU LIKE TO RECEIVE A PRINTED COPY OF THE BOOK OF SCIENTIFIC PROCEEDINGS** (ALL ABSTRACTS WILL ALSO BE ONLINE)?  
 YES  NO

**REGISTRANT'S GUEST(S)**  
SPOUSE/SIGNIFICANT OTHER (Social activities only)  \$55

**BADGE NAME** \_\_\_\_\_

Spouse/significant other who wants CME credit must complete their own registration form and pay full registration fees.

**FOR OFFICE USE ONLY** CC: CHECK: \_\_\_\_\_ BY: \_\_\_\_\_  
PAYMENT PROCESSED: DATE: \_\_\_\_\_ BY: \_\_\_\_\_ BATCH #: \_\_\_\_\_ BY: \_\_\_\_\_

**2. PAYMENT BY CREDIT CARD**

VISA  MASTERCARD  AMERICAN EXPRESS

"I AUTHORIZE AACAP TO CHARGE THE TOTAL MONIES DUE."

ACCOUNT NO. \_\_\_\_\_ EXPIRES \_\_\_\_\_

TOTAL AMOUNT: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**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.**

**ADDITIONAL SERVICES:** If you have specific needs for facilities, visual or audio aids, or dietary requirements, please indicate below or attach additional information and an AACAP staff member will contact you.

**4. REGISTRATION FEE SCHEDULE (please check one)**

DEADLINE FOR RETURN: **IN OFFICE BY SEPTEMBER 15** — IMPORTANT: CAREFULLY READ THE INSTRUCTIONS AND PROCEDURES ON PREVIOUS PAGES **BEFORE** COMPLETING THIS FORM.

**BEST VALUE: Add Conference Recordings to your registration fee.**

| AACAP MEMBERS  | EARLY BIRD (BY SEPT. 15) |       | LATE/ONSITE (AFTER SEPT 15) |       | FEE TOTAL |
|--|--------------------------|-------|-----------------------------|-------|-----------|
|  |                          |       |                             |       |           |
| MEMBER REGISTRATION  | \$225                    | \$424 | \$300                       | \$499 | _____     |
| MEMBER PRESENTERS  | \$225                    | \$424 | \$300                       | \$499 | _____     |
| MEMBER RESIDENTS   | \$115                    | \$214 | \$190                       | \$289 | _____     |
| MEDICAL STUDENT<br>(membership included,<br>I.D. required, must be attached) | \$-0-                    | \$99  | \$-0-                       | \$99  | _____     |

| AACAP NON-MEMBERS                          | EARLY BIRD (BY SEPT. 15) |       | LATE/ONSITE (AFTER SEPT 15) |       | FEE TOTAL |
|--|--------------------------|-------|-----------------------------|-------|-----------|
|  |                          |       |                             |       |           |
| NON-MEMBER REGISTRATION                    | \$475                    | \$674 | \$550                       | \$749 | _____     |
| NON-MEMBER RESIDENT                        | \$125                    | \$224 | \$200                       | \$299 | _____     |
| NON-MEMBER PRESENTER<br>(Non-Psychiatrist) | \$125                    | \$324 | \$125                       | \$324 | _____     |
| NON-MEMBER PRESENTER<br>(Psychiatrist)     | \$225                    | \$424 | \$300                       | \$499 | _____     |
| MONITORS (Special application required)    | \$-0-                    | \$99  | \$-0-                       | \$99  | _____     |
| SINGLE DAY<br>Specify Day _____            | \$260                    | \$459 | \$265                       | \$469 | _____     |

NAME: \_\_\_\_\_ TEL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

**EVENT FILLED? PICK AN ALTERNATE!**

In the event a ticketed item is full, please register me for the following (in order of priority):

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**5. TICKETED EVENTS**

Ticketed events are subject to availability and distributed on a first-come basis. Space is limited.

|  | Members    |      |       | Non-Members |      |       |
|--|------------|------|-------|-------------|------|-------|
|  | By Sept 15 | #Tks | Total | By Sept 15  | #Tks | Total |
| Clinical Practicum (Tues., Oct. 27)<br><i>Improving Care for Youth with Severe Emotional and Behavioral Disturbance: Lessons from a State/University Collaboration</i> | \$110      |      |       | N/A         |      |       |
| Mentorship Program for Medical Students and Residents (Wed., Oct. 28 – Sat., Oct. 31)  | \$0        |      |       | N/A         |      |       |
| Medical Student and Resident Breakfast (Fri., Oct. 30)   | \$15       |      |       | \$15        |      |       |
| Residency Program Directors Luncheon (Fri., Oct. 30)   | \$40       |      |       | \$50        |      |       |
| If received after Sept 15  | \$110      |      |       | \$110       |      |       |

**INSTITUTES**

|  | Members    |      |       | Non-Members |      |       |
|--|------------|------|-------|-------------|------|-------|
|  | By Sept 15 | #Tks | Total | By Sept 15  | #Tks | Total |
| 1. Advanced Psychopharmacology Update: Evidence-Based Treatment and Beyond (Tues., Oct. 27)                      | \$120      |      |       | \$240       |      |       |
| 2. ADHD: Neuroimaging, Psychopharmacology, and Comorbidity (Wed., Oct. 28)                                       | \$120      |      |       | \$240       |      |       |
| 3. Review of Lifelong Learning Module 6 (Thurs., Oct. 29)  | \$120      |      |       | \$240       |      |       |
| 4. Evaluation and Treatment of Child and Adolescent Onset Anorexia Nervosa and Bulimia Nervosa (Thurs., Oct. 29) | \$120      |      |       | \$240       |      |       |
| 5. Autism and Related Disorders (Fri., Oct. 30)  | \$120      |      |       | \$240       |      |       |
| 6. Pediatric Bipolar Disorder: From Genes and Brains to Diagnosis and Treatment (Fri., Oct. 30)                  | \$120      |      |       | \$240       |      |       |
| 7. Practical Pediatric Psychopharmacology for the Primary Care Clinician (Sat., Oct. 31)                         | \$120      |      |       | \$120       |      |       |
| 8. Autism Spectrum Disorders: Review of Basic Sciences, Diagnosis, and Treatment (Sun., Nov. 1)                  | \$120      |      |       | \$120       |      |       |

If you registered for an Institute, would you like to receive a printed copy of the Institute Notebook (electronic copies will be distributed in advance)?  Yes  No

**SPECIAL INTEREST STUDY GROUPS** Limited to 25. Select **only one**.

|  | Members    |      |       | Non-Members |      |       |
|--|------------|------|-------|-------------|------|-------|
|  | By Sept 15 | #Tks | Total | By Sept 15  | #Tks | Total |
| <b>Fri., Oct. 30 (4:30 p.m. – 6:00 p.m.)</b>   |            |      |       |             |      |       |
| 1. Advances in Cognitive and Behavioral Therapy for Children and Adolescents   | \$20       |      |       | \$25        |      |       |
| 2. Teaching Psychodynamic Psychotherapy: The Use of Play   | \$20       |      |       | \$25        |      |       |
| 3. College and Student Mental Health   | \$20       |      |       | \$25        |      |       |
| 4. Complimentary and Alternative Medical Approaches in Child and Adolescent Psychiatry   | \$20       |      |       | \$25        |      |       |
| 5. Family Interventions for Child and Adolescent Psychiatrists   | \$20       |      |       | \$25        |      |       |
| 6. New Directions in Community-Based Systems of Care   | \$20       |      |       | \$25        |      |       |
| 7. Prevention of the Use of Restraint and Seclusion  | \$20       |      |       | \$25        |      |       |
| 8. Problem-Based Learning in Child and Adolescent Psychiatry   | \$20       |      |       | \$25        |      |       |
| 9. Psychiatrists Parenting Children with Autistic Spectrum Disorder, Intellectual Disability and Other Serious Developmental Disorders | \$20       |      |       | \$25        |      |       |
| 10. Tourette's Disorder and Related Disorders  | \$20       |      |       | \$25        |      |       |

**CLINICAL CONSULTATION BREAKFASTS** Limited to 15 attendees each session.

|   | Members    |      |       | Non-Members |      |       |
|---|------------|------|-------|-------------|------|-------|
|   | By Sept 15 | #Tks | Total | By Sept 15  | #Tks | Total |
| <b>Wed., Oct. 28 (6:00 a.m. – 7:30 a.m.)</b>  |            |      |       |             |      |       |
| 1. Master Clinician Gabrielle A. Carlson, M.D.  | \$55       |      |       | \$55        |      |       |
| 2. Suspected Parental Medical Neglect in the Care of Adolescents with Anorexia Nervosa                          | \$55       |      |       | \$55        |      |       |
| 3. Treating Traumatized Children with Complex Problems  | \$55       |      |       | \$55        |      |       |
| 4. Update on the Current Treatment of Children and Adolescents in the Inpatient Setting                         | \$55       |      |       | \$55        |      |       |
| <b>Thurs., Oct. 29 (6:00 a.m. – 7:30 a.m.)</b>  |            |      |       |             |      |       |
| 5. Assessment and Treatment of Comorbidity in Autism Spectrum Disorders   | \$55       |      |       | \$55        |      |       |
| 6. Cross Systems Advocacy: Ensuring Mental Health Services for Traumatized Youth in the Juvenile Justice System | \$55       |      |       | \$55        |      |       |
| 7. Master Clinician Thomas F. Anders, M.D.  | \$55       |      |       | \$55        |      |       |
| 8. Religious and Spiritual Issues in Clinical Practice  | \$55       |      |       | \$55        |      |       |
| <b>Fri., Oct. 30 (6:00 a.m. – 7:30 a.m.)</b>  |            |      |       |             |      |       |
| 9. Ethical Issues in Child and Adolescent Psychiatry  | \$55       |      |       | \$55        |      |       |
| 10. Master Clinician Bryan H. King, M.D.  | \$55       |      |       | \$55        |      |       |
| 11. Master Clinicians: Infant-Preschool Mental Health   | \$55       |      |       | \$55        |      |       |
| 12. Sexual Orientation: Clinical Issues and Strategies for the Child Psychiatrist                               | \$55       |      |       | \$55        |      |       |
| <b>Sat., Oct. 31 (6:00 a.m. – 7:30 a.m.)</b>  |            |      |       |             |      |       |
| 13. Answers to Your CPT Coding Questions  | \$55       |      |       | \$55        |      |       |
| 14. Clinical and Practical Issues in Rural Child Psychiatry   | \$55       |      |       | \$55        |      |       |
| 15. Master Clinician: Allan M. Josephson, M.D.  | \$55       |      |       | \$55        |      |       |

**WORKSHOPS** Limited to 25. Mark **only one** in each grouping.

|   | Members    |      |       | Non-Members |      |       |
|---|------------|------|-------|-------------|------|-------|
|   | By Sept 15 | #Tks | Total | By Sept 15  | #Tks | Total |
| <b>Wednesday 7:00 a.m. – 10:00 a.m.</b> |            |      |       |             |      |       |
| 1 2 3 4                                 | \$60       |      |       | \$100       |      |       |
| <b>Wednesday 11:00 a.m. – 2:00 p.m.</b> |            |      |       |             |      |       |
| 5 6 7 8                                 | \$60       |      |       | \$100       |      |       |
| <b>Thursday 7:00 a.m. – 10:00 a.m.</b>  |            |      |       |             |      |       |
| 9 10 11 12                              | \$60       |      |       | \$100       |      |       |
| <b>Thursday 11:00 a.m. – 2:00 p.m.</b>  |            |      |       |             |      |       |
| 13 14 15 16                             | \$60       |      |       | \$100       |      |       |
| <b>Friday 7:30 a.m. – 10:30 a.m.</b>    |            |      |       |             |      |       |
| 17 18 19 20                             | \$60       |      |       | \$100       |      |       |
| <b>Friday 11:30 a.m. – 2:30 p.m.</b>    |            |      |       |             |      |       |
| 21 22 23 24                             | \$60       |      |       | \$100       |      |       |
| <b>Saturday 7:30 a.m. – 10:30 a.m.</b>  |            |      |       |             |      |       |
| 25 26 27 28 29 30                       | \$60       |      |       | \$100       |      |       |
| <b>Saturday 11:30 a.m. – 2:30 p.m.</b>  |            |      |       |             |      |       |
| 31 32 33 34 35 36                       | \$60       |      |       | \$100       |      |       |

6. Registration Fee (from front) \$ \_\_\_\_\_

Additional Fees (this side) \$ \_\_\_\_\_

**TOTAL FEES DUE** \$ \_\_\_\_\_

**Please complete this section before submitting. Thanks.**