

AMERICAN SOCIETY FOR ADOLESCENT PSYCHIATRY

2019 Annual Meeting

Transgender and Gender Non-Conforming Adolescents and Emerging Adults: Best Practices for Psychiatrists and Mental Health Clinicians, Educators, and Parents

May 17, 2019

Intercontinental San Francisco, 888 Howard Street, San Francisco, CA 94103



American Society for Adolescent Psychiatry

ATTENDEE REGISTRATION FORM ([register online](#))

To register, complete this registration form and return by mail or email. The registration fee includes all events.

Name: _____ Institution: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Email: _____ Phone: _____ Fax: _____

All attendees should register **individually** (i.e. members, non-members, guests/spouses)

EARLY BIRD REGISTRATION (received on or before 4/1/2019)

___ Registration—Member.....	\$225
___ JOIN ASAP & Register (SAVE \$165).....	\$345
___ Registration—Non-Member	\$265
___ Registration—Trainee/Student.....	\$ 45

REGULAR REGISTRATION (received 4/2 – 5/1/2019)

___ Registration—Member.....	\$260
___ JOIN ASAP & Register (SAVE \$150).....	\$395
___ Registration—Non-Member	\$300
___ Registration—Trainee/Student.....	\$ 60

LATE REGISTRATION (received 5/2-7/2019)

___ Registration—Member.....	\$285
___ JOIN ASAP & Register (SAVE \$145).....	\$425
___ Registration—Non-Member	\$325
___ Registration—Trainee/Student.....	\$ 75

2019 DUES (by checking this box you agree to charge your current member type dues if it has not been paid yet)

All members (e.g., regular, associate, organizational) are expected to pay annual membership dues based on their current member type. Annual Meeting participation is a benefit of ASAP membership. Your Annual Meeting registration will not be accepted unless you have paid your 2019 dues.

TOTAL \$ _____

PAYMENT TYPE: Check (payable to ASAP) Credit Card

Credit Card Type: MasterCard Visa American Express Discover

Credit Card # _____

TOTAL AMOUNT: \$ _____

Billing Zip Code: _____

Expiration Date __/__/__

CVV (on back): _____

Name as it appears on card: _____

Signature _____

Please take advantage of the **Early Bird** rates and note registration must be **received by April 1**. From **April 2 through May 1**, regular registration rates apply. The late (5/2-7) and on-site registration fees are the same. After May 7, please register onsite. The registration fee includes all sessions but does not include the reception.

CANCELLATION POLICY: Cancellations before **May 1** will be assessed a \$75 administrative fee. From **May 2-7**, a \$100 administrative fee will be assessed. **NO refunds after May 7.**

Hotel: ALL attendees are responsible for making their own reservations at <https://compass.onpeak.com/e/012605156/1>. Rates vary according to the hotel. Please make your reservations by the **April 12, 2019 deadline**.

For more information or to mail this form with payment, please contact:

Earl Magee, Executive Director, ASAP, 5903 Mount Eagle Drive #917, Alexandria, VA 22303 ★ ASAPadopsych@gmail.com, (703) 746-8900.