Resort at Squaw Creek • Olympic Valley, CA 96146

All accommodations at this luxury resort command breathtaking panoramas of Squaw Valley and the High Sierras. The air is fragrant with pine and wildflowers. Rugged granite peaks and sparkling waterfalls invite further exploaration. The resort offers four restaurants, retail shopping boutiques, an ice rink, heated swimming pool, spa, sauna, state-of-the-art fitness center and other amenities.

Reserve by March 9, 2007 to ensure NCPS group rates.

800-403-4434

Deluxe $225 • Moutain Suite $275 • Fireplace Suite $300

Other room charges & taxes will be added to these base room rates.

PROGRAM REGISTRATION FORM

Name *(please use one form per CME registrant)* _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____ Email _____

Names of family members/guests attending _____

_____

Registration Fees

- ❑ NCPS/APA Member..... @ $265 $ _____
- ❑ Non-member Physician** ..... @ $365 $ _____
- ❑ Other Mental Health Professional..... @ $300 $ _____
- ❑ Psychiatric Resident/Fellow..... @ $25 $ _____
- ❑ Guest (no CMEs)* ..... @ $75 $ _____

Early Bird Discount: If you preregister by February 15, 2007, take $25 off your registration fee.

*A guest is a person accompanying a conference registrant who plans to attend some educational sessions and/or partake of complimentary meals and refreshments.

**If you join NCPS/APA within 30 days following the Annual Meeting (and pay your dues in full), $100 will be refunded to you.

Special Events (reservations required)

Friday Evening, April 13

Opening Reception

_____Persons (meeting registrants only) ..... @ $0 $ _____

Dinner/*Alan Schatzberg, MD*

_____Persons ..... @ $30 $ _____

Saturday, April 14

Breakfast Meeting/*Stephen Hall, MD & Bret Schneider, MD*

_____Persons ..... @ $10 $ _____

Luncheon Meeting/*Terence Ketter, MD*

_____Persons ..... @ $20 $ _____

Awards Dinner

_____Persons ..... @ $40 $ _____

_____Children under 12..... @ $22 $ _____

Sunday, April 15

Breakfast Meeting/*Lorrin Koran, MD*

_____Persons ..... @ $10 $ _____

Total $ _____

Send completed form to:

Northern California Psychiatric Society
1631 Ocean Avenue
San Francisco, CA 94112
☎ 415/334-2418 • 415/239-2533 fax

❑ Check enclosed *(payable to NCPS)* for total amount.

❑ Or charge to my ❑ Visa ❑ Mastercard.

Acct. No. **Exp. Date** _____

Signature _____