

Northern California Psychiatric Society

A District Branch of the American Psychiatric Association

1631 Ocean Avenue • San Francisco, CA 94112

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ANNUAL MEETING SPEAKER PARTICIPATION FORM

[Please return no later than September 14, 2007](#)

NCPS 49th Annual Meeting & Scientific Program
Honing Our Skills: Advanced Topics in Clinical Psychiatry

March 28 – 30, 2008

Portola Plaza Hotel Monterey, CA 93940

Thank you for agreeing to be a presenter at the 49th Annual Meeting of the Northern California Psychiatric Society. Please take a moment to complete this questionnaire so that we are well prepared for your participation.

Name:	
Date/Time of Presentation:	<i>(Leave blank)</i>
Title of presentation:	
Text for faculty section of the program (as per example): (example):	“Associate Clinical Professor, UCSF; Private Practice in San Francisco.”
Audio-Visual Equipment required for presentation:	
Educational Materials: Materials to be provided: (powerpoint presentation, handouts, etc.)	I will be showing/providing supplemental material: yes no _____
<i>(ALL program materials/handouts used at the conference must be submitted by February 1, 2008, to the NCPS offices)</i>	
Social Security Number or Federal I.D. Number:	
I have enclosed the Faculty Disclosure Form : yes no	
Signature:	