

# Registration Form • American College of Neuropsychopharmacology 51st Annual Meeting, December 2-6, 2012

Check here if new address for ACNP member directory and correspondence.

Complete Name: \_\_\_\_\_  
(First Name) (Last Name) (Degree)

Hospital / Institution: \_\_\_\_\_

Department: \_\_\_\_\_ Title \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
(include country and city codes) (include country and city codes)

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_  
(include country and city codes)

On-site Emergency Contact Phone (cell): \_\_\_\_\_  
(include country and city codes)

**BADGE FIRST NAME** (as you would like to show on badge): \_\_\_\_\_

**\*\*Invited Guests and Trainees: You must be invited by a Fellow or Member of the College.** If you are a guest, please indicate the name of the ACNP member who invited you \_\_\_\_\_

**Registration Fee Includes:** Opening Reception, admission to posters sessions/receptions, meeting refreshment breaks (Sunday-Thursday), Luncheons (Monday-Thursday), meeting program book, abstracts online, as well as access to all scientific sessions.

Registration Fee Categories	On or Before Oct 31, 2012	After Nov 1, 2012	Amount Due
<input type="checkbox"/> ACNP Member <input type="checkbox"/> ACNP Fellow	\$550	\$600	
<input checked="" type="checkbox"/> ACNP Emeritus Member <input type="checkbox"/> Associate Member	\$200	\$250	
Member of <input type="checkbox"/> ECNP <input type="checkbox"/> CINF <input type="checkbox"/> CCNP <input type="checkbox"/> AsCNP <input type="checkbox"/> JSNP (must be on list)	\$550	\$600	
<input type="checkbox"/> Trainee <sup>1</sup> <input type="checkbox"/> Past Travel Award Winner (2008 - 2011)	\$200	\$250	
<input type="checkbox"/> Corporate Representative	\$550	\$600	
<input type="checkbox"/> Invited Guest	\$800	\$850	
<input type="checkbox"/> Nonmember Program Participants (Panels, Mini-Panels or Study Groups )	Waived	Waived	
<input type="checkbox"/> 2012 Travel Award Winner	Waived	Waived	
<input type="checkbox"/> Optional Journal Subscription for non ACNP members <sup>2</sup>	\$150	\$150	
<input type="checkbox"/> Accompanying Person(s) <sup>3</sup>	\$150/each	\$200/each	
		<b>TOTAL</b>	

<sup>1</sup>**Trainees:** A trainee is a person in a training position & not a full time, permanent position. A trainee can be a M.D., Ph.D., Post-doctoral fellow, Resident, or Research Fellow. Trainees have all the rights and privileges of invited guests. A letter from your training director verifying your status must accompany this form.

<sup>2</sup>**Journal:** Non-ACNP members may pay \$150 extra and receive a 1-year subscription (calendar year 2013) to *Neuropsychopharmacology*. This is a discount from the regular non-member rate of \$436.

<sup>3</sup>**Accompanying Person:** A spouse, relative, or significant other who accompanies an attendee. An Accompanying Person may only attend the social functions of the meeting, which include the morning buffets, lunches and receptions. You must pay the accompanying person fee to attend the social functions. The only scientific sessions open to the accompanying persons are the Poster sessions.

**Name of Accompanying Person(s)** \_\_\_\_\_  
(First and Last Names)

**Cancellation Policy:** Meeting registration fees will be refunded (less \$30 processing fee) if the Executive Office receives written notice by December 1, 2012.

**CREDIT CARD PAYMENT:** The following credit cards are accepted. Please check the type of card to be used.

Visa  Master Card  American Express  Discover

Cardholder's Name (PLEASE PRINT CLEARLY) \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card Number: \_\_\_\_\_ Cardholder's Signature \_\_\_\_\_

**CHECK PAYMENT or MONEY ORDER:** Payment of registration fees must be made in U.S. Dollars, drawn on a U.S. Bank, and be made payable to "ACNP Annual Meeting," 5034A Thoroughbred Lane, Brentwood, Tennessee 37027 USA, Phone: (615) 324-2360, Fax (615) 523-1715.

**NOTE:** 1. A completed registration form must accompany payment.  
 2. If fees are paid by an Organization or University, your full name must appear on the check or voucher.

## ACNP 2012 Annual Meeting – Hotel Reservations

The Last Day for Reservation Acceptance at the Discounted ACNP Rates is Thursday, November 1st. You are urged to make reservations as soon as possible, as availability is limited, and rooms may sell out before the deadline.

ACNP discounted group rates are available three days before and three days after meeting dates; space is limited and based on availability. If your preferred early arrival or late departure dates are not available, you will be waitlisted and notified should they become available. Reservations will not be accepted over the phone. All rates are single/double occupancy per night, and are exclusive of applicable state and local taxes, which are currently 11%.

The Westin Diplomat guest rooms, common areas, and transportation services are in compliance with the public accommodation requirements of the Americans with Disabilities Act. These facilities will be accessible to and usable by individuals with disabilities who attend and participate in the ACNP Annual Meeting. If you have special needs because of a physical disability, please contact the ACNP Executive Office at 615-324-2360.

**Indicate 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choice of room category preference at hotel of choice. All rooms are based on availability at the time your request is received.**

### THE WESTIN DIPLOMAT (THE HEADQUARTERS HOTEL)

All rooms are Non-Smoking

- \$249/nt – Westin Diplomat Run of House
- \$265/nt – Westin Diplomat Grand Deluxe
- \$271/nt – Golf Resort Run of House/Westin Diplomat

Check In Date \_\_\_\_\_ Check Out Date \_\_\_\_\_

Special Request \_\_\_\_\_

#### ROOM PREFERENCES

**All rooms are Non-Smoking**

- King Bed
- 2 Double Beds
- Crib
- Rollaway Bed

#### Additional Guest In Room Other Than Yourself

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

**The Westin Diplomat requires credit card information to guarantee your reservation. A one night penalty will be charged for hotel cancellation received less than 72 hours prior arrival or a no-show.**

Card Type  AX  VISA  MASTER CARD Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_

**Would you be interested in child care at the Annual Meeting?**  Yes *(Additional information will be sent if yes is selected)*

**AIRLINE DISCOUNT** – American, Delta & United Airlines are offering special discounted fares for travel to Florida for the ACNP meeting. Would you like to be contacted regarding these discount fares?  Yes

**Would you like to attend the Women's Luncheon, scheduled for Monday, December 3rd?**  Yes

**Reservations are required to attend!**

**ADDITIONAL NOTES OR REQUEST:**

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