**Contact Information**

Please print

Name ________________________________

Address ________________________________

Degree MD ___ DO ___ PhD ___ APN ___ LISW ___ LPCC

___ Other (please specify) ___________

City/State/Zip ________________________________

Phone __________________ Fax __________________

**Registration Information**

<table>
<thead>
<tr>
<th>MEMBERS</th>
<th>Early Bird Rate By Mar. 10</th>
<th>Regular Rate</th>
<th>Late Rate After Apr. 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPPA Member</td>
<td>$225</td>
<td>$275</td>
<td>$325</td>
</tr>
<tr>
<td>OPPA Resident-Fellow Member</td>
<td>$150</td>
<td>$175</td>
<td>$200</td>
</tr>
<tr>
<td>Sat. Evening Gala/Silent Auction Per person</td>
<td>$75</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Registration Total $ __________

<table>
<thead>
<tr>
<th>NON-MEMBERS</th>
<th>Early Bird Rate By Mar. 10</th>
<th>Regular Rate</th>
<th>Late Rate After Apr. 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Psychiatric Update (April 22-23, 2023)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Member Psychiatrist, other Physician, APRN, or Psychologist</td>
<td>$375</td>
<td>$400</td>
<td>$450</td>
</tr>
<tr>
<td>Non-Member Resident-Fellow</td>
<td>$225</td>
<td>$250</td>
<td>$275</td>
</tr>
<tr>
<td>Counselor, Social Worker or Physician Assistant</td>
<td>$250</td>
<td>$300</td>
<td>$350</td>
</tr>
<tr>
<td>Sat. Evening Gala/Silent Auction Per person</td>
<td>$75</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Registration Total $ __________

**Payment Information**

Registration Total $ __________ 
(from the left)

Additional Options

- I would like to sponsor AND mentor a Medical Student to attend the OPPA Annual Psychiatric Update, April 22-23, 2023 $125
- I am unable to serve as a mentor during the meeting but would like to sponsor a Medical Student to attend the OPPA Annual Psychiatric Update, April 22-23, 2023 $125
- I am unable to sponsor a student at this time but would like to serve as a mentor at the OPPA Annual Psychiatric Update, April 22-23, 2023

*To make this a tax deductible contribution see details below*

Student Name ________________________________

Email ________________________________

**In order to make this a tax-deductible contribution, the registration and the sponsorship must be processed in two separate transactions. If paying by check, please mail two checks. Please make the sponsorship check payable to Ohio Psychiatric Physicians Foundation (OPPF) and your event registration check payable to OPPA. If you are paying by credit card, you will see two transactions on your statement.**

**Grand Total $ __________**

Method of Payment:

- Check payable to OPPA (registration fees)
- Check payable to OPPF (student sponsorship)

If you wish to pay by credit card please register online.

**Tickets to the Saturday evening Gala are sold separate. For more details on the Saturday night event see page 8 or visit www.oppa.org.**

*In order to make this a tax-deductible contribution, the registration and the sponsorship must be processed in two separate transactions. If paying by check, please mail two checks. Please make the sponsorship check payable to Ohio Psychiatric Physicians Foundation (OPPF) and your event registration check payable to OPPA. If you are paying by credit card, you will see two transactions on your statement.*