

APPA Spring Conference

April 25-27, 2025

THE LODGE AT GULF STATE PARK

Registration

PLEASE PRINT CLEARLY (ONE FORM PER REGISTRANT)

Name _____

Practice Name _____

Address _____

City, State ZIP _____

Office Phone _____

*Cell Phone _____

E-mail _____

Dietary Needs _____

Designation <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> LPN <input type="checkbox"/> Social Worker <input type="checkbox"/> Psychologist <input type="checkbox"/> PhD <input type="checkbox"/> PharmD <input type="checkbox"/> Other _____
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I agree to receive text messages from APPA regarding membership and meeting updates. (For use by APPA's executive director and executive council only.)

I agree to my name, practice name and business address being shared with conference exhibitors.

FEES (On or before April 21 | After April 21 add \$100 late fee)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> APPA Member \$400 | <input type="checkbox"/> APPA Nonmember \$500 | <input type="checkbox"/> Scientific Liaison \$500 | <input type="checkbox"/> Nonphysician Clinician \$275 |
| <input type="checkbox"/> Early Career Psychiatrist - \$200 | <input type="checkbox"/> Resident - FREE | <input type="checkbox"/> Student - FREE | |
| <input type="checkbox"/> Friday Only \$250 | <input type="checkbox"/> Saturday Only \$250 | <input type="checkbox"/> Sunday Only \$250 | |
| <input type="checkbox"/> Spouse and guests \$50 to attend meals and reception only (Name tag required) | | | |

Guest Name(s) _____

ACCOMMODATIONS

The Lodge at Gulf State Park, 21196 East Beach Blvd, Gulf Shores, AL 36542. Room rates begin at \$229 per night. Reserve a room by calling (800) 618-4350 and mention the Alabama Psychiatric Physicians Association group or find the link to book online at www.alabamapsych.com/physicians. The room block expires March 25, 2025.

DETAILS

More conference information is online at www.alabamapsych.com. If you have special needs and/or need assistance, please contact Meghan Martin, at (334) 954-2500 or Mmartin@alamedical.org.

REGISTRATION

Register online at www.tinyurl.com/APPA2025SpringConference. Mail forms to APPA Spring Conference, Attn. Meghan Martin, PO Box 1900, Montgomery, AL 36102-1900. Fax (334) 269-5200. www.alabamapsych.com.

PAYMENT

Check payable to APPA Credit Card: VISA MasterCard American Express

Cardholder Name _____ Email address for receipt: _____

Card Number _____ Exp. Date _____ Security Code _____

Billing Address _____ City, State ZIP _____

Signature _____ Amount: \$ _____