



Registration

Integrated Depression Care: An Evidence-based Approach

Wednesday, Thursday, Friday: September 22-24, 2010

Complete and return with check to:

Attn: IMPACT Implementation Center
 University of Washington
 1959 NE Pacific Street, Box 356560
 Seattle, WA 98195-6560

An email will be sent to you confirming your registration.
 Please be sure to include your email address with
 your registration.

If you do not receive a confirmation email,
we did not receive your registration!

PLEASE TYPE OR PRINT NEATLY

Name <i>(As it will appear on name tag)</i>		Degree(s)	
Email <i>(Required for registration)</i>		Daytime Phone	
Mailing Address	(<input type="checkbox"/> Home <input type="checkbox"/> Work)		
Institution/Agency			
Location	City:	State:	
Primary Position <i>(Choose 1)</i>	<input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Clinical Nurse Specialist <input type="checkbox"/> Clinic/Staff Nurse <input type="checkbox"/> Social Worker <input type="checkbox"/> Psychologist <input type="checkbox"/> Mental Health Counselor <input type="checkbox"/> Public/Community/Home Health	<input type="checkbox"/> Educator <input type="checkbox"/> Administrator/Manager <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Physician – Primary Care <input type="checkbox"/> Physician – Psychiatrist <input type="checkbox"/> Physician – Other Specialist <input type="checkbox"/> Other:	
Can we include your name, organization, and contact information on the listing distributed to training conference attendees? <input type="checkbox"/> Yes <input type="checkbox"/> No			

CONFERENCE FEES

	Advanced Registration (before or on 8/22/10)		Late Registration (after 8/22/10)	
	Individual	Group (2 or more)*	Individual	Group (2 or more)*
IMPACT Training AND Post-Conference Workshop (Sept 22-24) <i>Choose Concurrent Sessions below</i>				
IMPACT Training AND PST Workshop (Choose 1 below)				
<input type="checkbox"/> PST Workshop – ALL DAY INCLUDING ROLE-PLAYING	<input type="checkbox"/> \$315	<input type="checkbox"/> \$235	<input type="checkbox"/> \$365	<input type="checkbox"/> \$285
<input type="checkbox"/> PST Workshop – MORNING DIDACTIC SESSION ONLY	<input type="checkbox"/> \$285	<input type="checkbox"/> \$205	<input type="checkbox"/> \$335	<input type="checkbox"/> \$255
IMPACT Training AND Financing Workshop	<input type="checkbox"/> \$315	<input type="checkbox"/> \$235	<input type="checkbox"/> \$365	<input type="checkbox"/> \$285
IMPACT Training ONLY (Sept 22-23) <i>Choose Concurrent Sessions below</i>	<input type="checkbox"/> \$255	<input type="checkbox"/> \$175	<input type="checkbox"/> \$305	<input type="checkbox"/> \$225
Post-Conference Workshop ONLY (Sept 24)				
Post-Conference PST Workshop (Choose 1 below)				
<input type="checkbox"/> PST Workshop – ALL DAY INCLUDING ROLE-PLAYING	<input type="checkbox"/> \$125		<input type="checkbox"/> \$150	
<input type="checkbox"/> PST Workshop – MORNING DIDACTIC SESSION ONLY	<input type="checkbox"/> \$95		<input type="checkbox"/> \$120	
Post-Conference Financing Workshop	<input type="checkbox"/> \$125		<input type="checkbox"/> \$150	
Total Paid		\$ _____		
<i>(Enclose check payable to the University of Washington)</i>				

*To receive the group rate all registrants must work at the same organization, identify the organization on registration form, and submit all registration forms and checks in the same envelope.

CONCURRENT SESSIONS (Sept 23)

9:15AM Session (Choose 1 below) <input type="checkbox"/> Session A: Depression and Chronic Medical Illness <input type="checkbox"/> Session B: Depression and Adolescents	10:45AM Session (Choose 1 below) <input type="checkbox"/> Session C: Depression and Chronic Pain <input type="checkbox"/> Session D: Depression and Moms
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