



Psycho-pharm Pediatric Primary Care.....PPP

Safe and Effective Use of Psychiatric Medication in Children and Adolescents

- I plan to attend the Toronto training on October 23-25th.
- I cannot attend, but I am interested in hearing about future dates - please fill out contact information below.

Who: Primary care givers, pediatricians, child psychiatrists, family practitioners and all nurses working with children

What: Accredited CME course with 3-day interactive, state-of-the-art clinical tools and bi-weekly, 1 hour phone consultations

Why: to hone your skills and confidence in meeting the needs of children and adolescents with behavioral health problems.

When: October 23-25th

Where: Toronto, Delta Markham www.deltamarkham.com (premier guestroom \$123, per night)

How: Please fill out the registration form and fax or mail to The REACH Institute. Attn: Melanie Louis (address on bottom of page). E-mail confirmation will be sent.

Fee: \$1650 per person (21 days or more before training), \$1950 per person (less than 21 days or onsite) - fee includes 3-day training, all meals, 12 follow-up consultation calls, course-specific materials and tools, 12 consultation calls, and 20 CME credits.

| | | | |
|--|---|--------------------------------|---------------------------------------|
| Full Name: | | | |
| Pediatrician <input type="checkbox"/> | Child Psychiatrist <input type="checkbox"/> | Nurse <input type="checkbox"/> | Psychologist <input type="checkbox"/> |
| Address: | | | |
| City: | State: | Zip: | |
| Email: | | | |
| Phone (Work/Home/Cell): | | | |
| <input type="checkbox"/> Check payable to The REACH Institute is enclosed. (Please send to the address below) | | | |
| Credit card type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express | | | |
| Credit card number: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Expiration date (mm/yyyy): | <input type="text"/> | <input type="text"/> | |
| Security Code (3-digit number on the back of the card) for PayPal processing: | | | <input type="text"/> |
| Signature: | | Date: | |
| <p>** Cancellation Policy: If cancelled 20 days or more prior to workshop = 90% refunded, 10 to 19 days = 70% refunded, 3 to 9 days = 60% refunded, less than 3 days = no refund.</p> | | | |

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