

Northern California Psychiatric Society

A District Branch of the American Psychiatric Association

1631 Ocean Avenue • San Francisco, CA 94112

(415) 334-2418 • FAX (415) 239-2533

SPEAKER PARTICIPATION FORM

Please return no later than Friday, August 14, 2009

NCPS 51ST ANNUAL MEETING & SCIENTIFIC PROGRAM

Psychopharmacology and Psychotherapy Across the Life Span

March 19-21, 2010 • The Clement Monterey • Monterey, CA 93940

Thank you for agreeing to be a presenter at the 51st Annual Meeting of the Northern California Psychiatric Society. Please take a moment to complete this questionnaire so that we are well prepared for your participation.

Name of Presenter / Panelist:	
Date/Time of Presentation:	<i>(Leave blank)</i>
Title of presentation:	
Text for faculty section of the program (as per example):	
(example):	"Associate Clinical Professor, UCSF; Private Practice in San Francisco."
Audio-Visual AND/OR Computer Equipment required for presentation:	
Educational Materials: (defined as slides, handouts, and/or any materials made available to attendees at the conference)	I will be showing/providing supplemental material: yes no _____
<i>(ALL program materials/handouts used at the conference must be submitted by February 2, 2010, to the NCPS offices)</i>	
Social Security Number or Federal I.D. Number:	
I have enclosed the Faculty Disclosure Form: yes no	
Signature:	