



**Michigan Psychiatric Society
Summer Scientific Meeting
*A Meeting of the Minds, 2011***

**July 28-30, 2011,
Grand Traverse Resort
Acme, Michigan**

**Jointly sponsored by the Michigan Psychiatric Society &
The American College of Osteopathic Neurologists and Psychiatrists**

Registration Form

Name: _____

Address: _____

City: _____

State/Zip: _____

Telephone number: _____

E-mail address: _____

Registration Fee for the program is:

members of Michigan Psychiatric Society - \$275.00

non-member physicians - \$475.00

resident physicians - \$100.00

retired members - \$100.00

Amount enclosed: _____

Please remit payment by July 22, 2011

Please make checks payable to:

Michigan Psychiatric Society

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East Lansing, MI 48823

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mps@mpsonline.org

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