

**“The Universal Mental Health Screening and Drugging of Our Children... Risks vs. Benefits”**  
**International Center for the Study of Psychiatry and Psychology, Inc.**  
**2007 CONFERENCE October 13<sup>th</sup> – 15<sup>th</sup> REGISTRATION FORM**  
**Marriott Crystal City at Reagan Airport**  
**1999 Jefferson Davis Highway; Arlington, Virginia**  
**Phone: 703-413-5500**

The room rate is \$139.00 for a single or a double. Space is limited at the conference venue so book upon receipt of this form. Because of high demand, 30 more hotel rooms have been made available for our conference and must be booked by September 15. Call and reserve them now.

Name \_\_\_\_\_  
 (Please print your name the way you want it to appear on your nametag.)

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_ Email \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**10<sup>th</sup> ICSPP CONFERENCE FEE SCHEDULE**

The advanced registration fee for the three-day conference is \$275 for non-members and \$250 for ICSPP members.

**ICSPP MEMBER BEFORE JULY 31      \$250.00      \_\_\_\_\_**

Members not current with their 2007 dues will receive the non-member registration fee.

**ICSPP MEMBER AFTER JULY 31      \$300.00      \_\_\_\_\_**

**NON-MEMBER BEFORE JULY 31      \$275.00      \_\_\_\_\_**

Any non-members joining ICSPP simultaneously with the registration for the conference will be given the member rate for the conference.

**NON-MEMBER AFTER JULY 31      \$325.00      \_\_\_\_\_**

**ICSPP 2007 MEMBERSHIP      \$100.00      \_\_\_\_\_**

**STUDENT with copy of current ID      \$150.00      \_\_\_\_\_**  
 (50% off \$300 reg. fee)

**Gala Saturday Awards Banquet      \$50.00      \_\_\_\_\_**

Non-invited accepted speakers must register.      **TOTAL ENCLOSED      \_\_\_\_\_**

**Write checks payable to: ICSPP and mail to:**

**ICSPP – Conference Registration**  
**Crisilda Rucci, MA**  
**124 Hidden Drive; Blackwood, NJ 08012-4430**  
**(856) 784-0647**

**OR pay by credit card**

Name \_\_\_\_\_  
 (as it appears on the credit card and print clearly)

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_