

# 12<sup>th</sup> Annual Psychopharmacology Course & Clinical Update

## March 8-9, 2008 (Saturday and Sunday)

### **Location:**

Stanford University  
Francis C. Arrillaga Alumni Center  
326 Galvez Street  
Stanford, CA 94305-2021

### **ACCREDITATION**

The Stanford University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

### **CREDIT DESIGNATION**

Stanford University School of Medicine designates this educational activity for a maximum of *15.75 AMA PRA Category 1 Credit(s)*<sup>™</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity.

### **FACULTY DISCLOSURE**

The Stanford University School of Medicine adheres to ACCME Essential Areas, Standards, and Policies regarding industry support of continuing medical education. Disclosure of faculty and commercial relationships will be made prior to the activity.

Speakers are required to openly disclose any limitations of data and/or any discussion of any off-label, experimental, or investigational uses of drugs or devices in their presentations.

### **Registration Fees & Cancellation Policy**

- Pre- registration \$450
- Stanford University Faculty, ACF, & Staff \$350
- Late Registration (after 02/22/08) \$495

### **Cancellation Policy**

No refunds after **03/03/08**. All cancellation/refund requests must be made via the website or by contacting Rajiv Khilnani at [rajiv1@stanford.edu](mailto:rajiv1@stanford.edu), (650) 725-8094.

An administrative fee of \$50 will be deducted for all refunds.

### **Parking:**

**Parking is free on weekends.**

For questions or special needs regarding this event, please contact:

**Rajiv Khilnani, Events**  
Stanford University School of Medicine  
Department of Psychiatry and Behavioral Sciences  
401 Quarry Road, 3<sup>rd</sup> floor  
Stanford, CA 94305-5717  
Office (650) 725-8094, Email: [rajiv1@stanford.edu](mailto:rajiv1@stanford.edu)  
Fax (650) 723-4655

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To register, please provide the following by either email, fax or mail:

### **Registration Information:**

Full Name and degree	
Address	
Phone	
Fax	
Email	

### **Questions:**

1. Do you have any special needs for the event?	
2. Have you attended before?	

### **Registration Fees (Initial one)**

### **Initial**

- |   |       |       |
|---|-------|-------|
| • Pre- registration                         | \$450 | _____ |
| • Stanford University Faculty, ACF, & Staff | \$350 | _____ |
| • Late Registration (after 02/22/08)        | \$495 | _____ |

### **Form of Payment:**

1. Check – please make check payable to “**Stanford University School of Medicine**” and mail to my attention (please see address below)
2. Credit Card – please fax or call with this information to me (for security reasons).

We will need the following information:

1. credit card number:

2. name as it appears on the credit card (**PRINT NAME**):
3. expiration date:

For questions or special needs regarding this event, please contact:

### **Rajiv Khilnani**

Stanford University School of Medicine  
Department of Psychiatry and Behavioral Sciences  
401 Quarry Road, 3<sup>rd</sup> floor  
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