

ADDICTION MEDICINE STATE OF THE ART 2009

October 7 – 10, 2009, San Francisco, CA Register on-line at: www.csam-asam.org

Name: _____ Degree: _____

Position: _____ Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Specialty: _____

PRE-CONFERENCE WORKSHOPS:

WEDNESDAY, OCTOBER 7

FULL DAY WORKSHOPS (9:00 AM – 5:00 PM)

- A. Pain and Addiction: A Combined Workshop for Physicians Who Treat Pain and for Methadone Treatment Providers
- B. What is SBIRT? How Do You Do It and Teach It Effectively?

MORNING HALF DAY WORKSHOP (8:30 AM – 12 NOON)

- C. Urban Trauma, Addiction, and The Search for Forgiveness

AFTERNOON HALF-DAY WORKSHOP

- D. Too Much Sex, Gambling and Shopping: Addressing Out of Control Behaviors

NON-MEMBERS: Check here if you are a physician who would like to join the American Society of Addiction Medicine and the California Society of Addiction Medicine. Join now and receive 50% off your membership dues, and attend the conference at the member rate saving up to \$150 off the conference fees. You will be invoiced for partial year membership dues depending on when you join. You must pay your dues before the start of the conference to take advantage of this offer.

MEDICAL STUDENTS, RESIDENTS AND FELLOWS: A limited number of scholarships to those interested in attending the conference are provided by the Medical Education and Research Foundation (MERF). Check here if you are interested in applying. A separate application is required and is available on-line at www.csam-asam.org and www.merfweb.org.

ADDICTION MEDICINE STATE OF THE ART CONFERENCE:

THURSDAY, FRIDAY, SATURDAY - OCTOBER 8 – 10

- Three-Day Registration One-Day Registration: (select days) Thursday Friday Saturday

FEES:	Wed. Pre-Conf. Full-Day Workshop	Wed. Pre-Conf. Half-Day Workshops (per wkshp)	Three-Day (Thur-Sat) Registration	One-Day (Thur or Fri) Registration (per day)	One-Day (Sat only) Registration
CSAM/ASAM Member	<input type="checkbox"/> \$220	<input type="checkbox"/> \$110	<input type="checkbox"/> \$550	<input type="checkbox"/> \$240	<input type="checkbox"/> \$110
Non-Member Physician	<input type="checkbox"/> \$260	<input type="checkbox"/> \$130	<input type="checkbox"/> \$645	<input type="checkbox"/> \$280	<input type="checkbox"/> \$130
Non-Physician	<input type="checkbox"/> \$220	<input type="checkbox"/> \$110	<input type="checkbox"/> \$550	<input type="checkbox"/> \$240	<input type="checkbox"/> \$110
Resident or Fellow*	<input type="checkbox"/> \$100	<input type="checkbox"/> \$50	<input type="checkbox"/> \$235	<input type="checkbox"/> \$120	<input type="checkbox"/> \$50
Medical Student*	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20	<input type="checkbox"/> \$60	<input type="checkbox"/> \$40	<input type="checkbox"/> \$20

Tax-Deductible Contribution to Medical Education and Research Foundation: (optional donation to provide conference scholarships to trainees): \$ _____

PAYMENT:

(There is a \$50 fee for on-site registration) Payment in U.S. funds must accompany registration.

Check Payable to CSAM -OR- Charge VISA Mastercard AMEX

Card#: _____ Exp: _____

Name on Card: _____

Signature: _____

Total enclosed \$ _____

CANCELLATIONS: CANCELLATIONS BEFORE SEPTEMBER 15 ARE SUBJECT TO A \$75 CANCELLATION FEE. NO REFUND FOR CANCELLATIONS SUBMITTED SEPTEMBER 15 AND LATER. SUBSTITUTIONS MAY BE ARRANGED.



If, due to a disability, you have any special needs, call 415-764-4855 to let us know. We will do our best to accommodate them.



Mail or fax completed form with payment to
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