

CHIEF RESIDENTS LEADERSHIP
CONFERENCE 48th ANNUAL TARRYTOWN MEETING
 September 10-12, 2021
www.chiefresidentsleadership.com

REGISTRATION FORM

Please use one form per participant. Make extra copies for additional participants from your program.

INSTITUTION		ACADEMIC PROGRAM		
ADDRESS	CITY	STATE	ZIP	
CHAIR	TRAINING DIRECTOR	COORDINATOR		
CONTACT	EMAIL	PHONE	FAX	

PARTICIPANT INFORMATION: Emergency Contact name: _____ Phone/Cell: _____ Relationship: _____

TO BE NAMED, OR		LAST NAME	FIRST NAME	DEGREE
M	F	NAME FOR BADGE		
ADDRESS		CITY	STATE	ZIP
TEL	CELL	INSTITUTIONAL EMAIL	PERSONAL EMAIL	

PLEASE NOTE ANY SPECIAL REQUESTS _____

CONFERENCE FEE: INCLUDES TUITION/ROOM/ALL MEALS:

FRIDAY - SUNDAY (Sept. 10- Sept. 12) (FROM LUNCH FRIDAY THROUGH LUNCH SUNDAY)..... \$ 1,995.00

*** OPTIONAL THURSDAY ARRIVAL: BED AND BREAKFAST (Sept. 9, 2021): (ADDITIONAL): \$ 230.00

TOTAL DUE

PAID TODAY

BALANCE DUE

REGISTRATION POLICY: ADVANCED REGISTRATION IS REQUIRED. PAYMENT IN FULL IS RECOMMENDED AT TIME OF REGISTRATION. COPY OF PURCHASE ORDER/CHECK REQUEST WILL HOLD SPACE FOR 30 DAYS. REFUNDS ARE SUBJECT TO A \$200 FEE. NO REFUNDS AFTER August 10, 2021.

PAYMENT OPTIONS:

CALL OR FAX: WITH CREDIT CARD INFORMATION TO: PHONE- 718.920.4797 OR FAX- 718.798.1816 OR **EMAIL:** WITH CREDIT CARD INFORMATION TO: LYNDA GUAGENTI lguagent@montefiore.org

Make Check Payable to: Department of Psychiatry

MAIL CHECK TO: CHIEF RESIDENTS LEADERSHIP CONFERENCE, c/o Lynda Guagenti, DEPT. OF PSYCHIATRY, MONTEFIORE MEDICAL CENTER, 111 E. 210 ST., BRONX, NY 10467

PLEASE CHARGE TO MY: (check one)		VISA	MASTERCARD	AMEX	DISCOVER
EXP DATE	BILLING ZIP	SIGNATURE			

TO REGISTER, PLEASE CONTACT

Lynda Guagenti (FAX):718-798-1816 or e-mail to lguagent@montefiore.org
 Any questions, please call Lynda at 718-920-4797 or 347-978-2637