

CHIEF RESIDENTS LEADERSHIP CONFERENCE

50th ANNUAL TARRYTOWN MEETING

June 2-4, 2023

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 (June 2- June 4) (FROM LUNCH FRIDAY THROUGH LUNCH SUNDAY)..... \$ 2,199.00

*** OPTIONAL THURSDAY ARRIVAL: BED AND BREAKFAST (June 1, 2023): (ADDITIONAL): \$ 260.00

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 \$400 FEE. NO REFUNDS AFTER May 1, 2023.

PAYMENT OPTIONS:

CALL OR FAX: WITH CREDIT CARD INFORMATION TO: PHONE 347-978-2637 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 East 210th Street, Bronx, NY 10467

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

TO REGISTER, PLEASE CONTACT

Lynda Guagenti: lguagent@montefiore.org

Any questions, please call Lynda at 718-920-4797 or 347-978-2637