McGill Summer Program in Social & Cultural Psychiatry
2011 Registration for CME Credits & Professional Interest

Registration deadline: March 15 (early application is advised because enrolment is limited). Registration must be accompanied by an up-to-date **curriculum vitae** and a **$50.00 (CAD) non-refundable registration fee**, by cheque payable to McGill University or credit card (see verso). The balance of fees must be paid by the first day of classes. The department reserves the right to cancel under-subscribed courses in the Summer Program. In such cases, fees will be returned to the applicant.

Return this completed form to:
Division of Social & Transcultural Psychiatry
Department of Psychiatry
McGill University
1033 Pine Avenue West
Montréal (Québec)
Canada H3A 1A1
FAX: 514-375-1459
E-mail: tcpsych@mcgill.ca

Name: _____
family name / given name

Address: _____
street number / street name / apartment

_____
city / state or province / country / postal code

Home Tel: _____ Office Tel: _____Fax: _____ Email: _____

Courses and Workshops			**CME***	**PI***
☐ Cultural Psychiatry (May 3-27)	$600.00	$ _____	☐	☐
☐ Psychiatric Epidemiology (May 2-27) **CANCELLED FOR 2011**	$600.00	$ _____	☐	☐
☐ Working with Culture (May 3-26)	$600.00	$ _____	☐	☐
☐ Violence, Trauma & Recovery (May 4-27)	$400.00	$ _____	☐	☐
☐ Qualitative Research Methods (May 2-25)	$350.00	$ _____	☐	☐
☐ Community-based Participatory Research (May 30)	$150.00	$ _____	☐	☐
☐ Global Mental Health Research (May 31 - June 3)	$400.00	$ _____	☐	☐
Advanced Study Institute				
☐ Workshop (April 26-27)	$200.00	$ _____	☐	☐
☐ Conference (April 28-29)	$200.00	$ _____	☐	☐
TOTAL COURSE & WORKSHOP FEES		$ _____		
Application Processing Fee (Non-refundable)	**$50.00**			
Fees to be remitted in Canadian funds	Balance due	$ _____		

_____ _____
Signature of Applicant Date

* **Please select the appropriate box if you are registering for CME credits or professional interest (PI). For eligibility requirements or for academic credit, see the section on Registration Information on Page 4.**

If paying by credit card, please use the form on the back of this page.

McGill University

Summer Program in
Social & Cultural Psychiatry

CREDIT CARD PAYMENT

Authorization Form

I, _____ (print name clearly), authorize the Division of Social and Transcultural Psychiatry of McGill University to use my credit card to pay for registration for the summer program.

Credit Card: __ MasterCard __ Visa **Amount:** _____ (Canadian Funds)

Card #: _____ **Expiry Date:** _____
Month/Year

Cardholder: _____
(Name as it appears on credit card)

Billing Address: _____

_____

Signature: _____ **Date:** _____
Day/Month/Year

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