

**McGill Summer Program in Social and Cultural Psychiatry
2015 REGISTRATION FOR CME CREDITS AND PROFESSIONAL INTEREST**

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Enrolment is limited. Early registration is advised to ensure a place. Registration must be accompanied by an up-to-date **curriculum vitae** and a **\$60.00 (CAD) non-refundable registration fee**, by cheque payable to McGill University or by 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 this case, all fees will be refunded to the applicant.

Return this completed form in person, by regular mail, or fax to:
 Division of Social & Transcultural Psychiatry
 Department of Psychiatry
 McGill University
 1033 Pine Ave. West
 Montréal (Québec)
 Canada H3A 1A1
 Fax: (514) 398-3282

Name: _____
 family name / given name

Address: _____
 street number / street name / apartment

city / state or province / country / postal code

Home Tel: _____ Office Tel: _____ Fax: _____ E-mail: _____

<i>Courses</i>	CME †	AC *
Cultural Psychiatry (May 4-28)	\$780.00 \$ _____	<input type="checkbox"/>
Psychiatric Epidemiology (May 4-29)	\$780.00 \$ _____	<input type="checkbox"/>
Workshops		
Working with Culture (May 5-28)	\$650.00 \$ _____	<input type="checkbox"/>
McGill Illness Narrative Interview (May 4-25)	\$300.00 \$ _____	<input type="checkbox"/>
Mixed-Methods in Culture and Mental Health (May 5-28)	\$600.00 \$ _____	<input type="checkbox"/>
Global Mental Health Research (May 8-29)	\$600.00 \$ _____	<input type="checkbox"/>
Cultural Therapy (May 30-31)	\$300.00 \$ _____	<input type="checkbox"/>
Use of Film in Cultural Psychiatry (May 30-31)	\$300.00 \$ _____	<input type="checkbox"/>
Indigenous Mental Health Research (June 15-18)	\$600.00 \$ _____	<input type="checkbox"/>
Critical Neuroscience (July 6-9)	\$600.00 \$ _____	<input type="checkbox"/>
Advanced Study Institute (June 1-3)	\$300.00 \$ _____	<input type="checkbox"/>
<i>Application Processing Fee</i> (non-refundable)	\$60.00 \$ _____	

TOTAL COURSE & WORKSHOP FEES \$ _____

Deposit \$ _____

FEES TO BE REMITTED IN CANADIAN FUNDS Balance due \$ _____

Signature of Applicant _____ Date _____

* **Academic credit has additional registration procedures.** For eligibility requirements, see the section on Registration Information (p. 4-6).

† **Please check if you are registering for CME credits.**
 If paying by credit card, please use the form on the back of this page