

# Appalachian Addiction & Prescription Drug Abuse Conference



October 18 - 20, 2018  
Embassy Suites, Charleston, WV

19.25 CME/CEs for multiple disciplines  
This program meets the 3-hour CME Best Practices Prescribing of Controlled Substances requirement for physicians and physician assistants under West Virginia law.

To register online, visit:  
[www.wvmphp.org](http://www.wvmphp.org) or  
[www.wvsma.org](http://www.wvsma.org)

## REGISTRATION FORM

PLEASE PRINT CLEARLY

### DEMOGRAPHICS:

Name: \_\_\_\_\_  
Certification/Licensure Type: \_\_\_\_\_ (MD, DO, PA, PhD, RN, LPN, LICSW, Attorney, etc)  
Practice Specialty or Discipline: \_\_\_\_\_  
Practice Name: \_\_\_\_\_  
Preferred Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Medical Licensure #: \_\_\_\_\_ or State Bar ID: \_\_\_\_\_ (needed to assure proper designation of CME/MCLE hrs)  
Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

I prefer vegetarian meals  I have a food allergy: \_\_\_\_\_

Have you ever heard of the WV Medical Professionals Health Program?  YES  NO

Are you a WVSMA Member?  YES  NO

**\*FULL CONFERENCE ATTENDANCE REQUIRED TO OBTAIN CREDIT FOR THE LICENSURE BOARDS REQUIRED CME.**

### REGISTRATION:

Registration Fee (first person pays full price, \$50 discount- each additional registrant from same office) \$ 195.00  
# of Additional Attendees: \_\_\_\_\_ x Rate (\$145) = \$ \_\_\_\_\_

Enter # who will attend the Thursday Evening Speaker Event

Enter # who will attend the Friday Dinner Program

(no additional cost for Thursday or Friday events)

Total Amount Due: \$ \_\_\_\_\_

**PAYMENT:**  \*Check Enclosed or  Visa  Mastercard  American Express  Discover  
Card # \_\_\_\_\_ Exp Date: \_\_\_\_\_ 3-Digit-V-Code: \_\_\_\_\_ (located on back of card)  
Billing Address: \_\_\_\_\_  
Signature: \_\_\_\_\_ \*Make Checks payable to: Appalachian Addiction Conference

### ADDITIONAL ATTENDEES: (use additional forms if necessary)

1) NAME: \_\_\_\_\_ Cert/Lic Type: \_\_\_\_\_ E-mail: \_\_\_\_\_  
2) NAME: \_\_\_\_\_ Cert/Lic Type: \_\_\_\_\_ E-mail: \_\_\_\_\_

Attendee 1 -  Vegetarian meals  Food allergy: \_\_\_\_\_ Attendee 2 -  Vegetarian meals  Food allergy: \_\_\_\_\_

For lodging reservations, contact Embassy Suites at  
1-800-EMBASSY (347-8700)

Or go online to [www.EmbassySuitesCharlestonWV.com](http://www.EmbassySuitesCharlestonWV.com)

Use the code **AAC** before September 28, 2018 to receive the discounted room rate.

For the agenda, more information or additional registration forms call (415) 518-5391 or go online at:  
[www.wvmphp.org](http://www.wvmphp.org) or [www.wvsma.org](http://www.wvsma.org)

Any questions, contact Michelle at [michelle@wvsma.org](mailto:michelle@wvsma.org)

Please fax a copy of this form to (304) 925-0345  
or mail to: WVSMA, 2018 Kanawha Blvd., East  
Charleston, WV 25311