



Group for the Advancement of Psychiatry

P.O. Box 570218 • Dallas, Texas 75357-0218
972-613-3044 • Fax: 972-613-5532 • www.ourgap.org

TO: Members and Invited Guests

FROM: John G. Looney, M.D.
Secretary

DATE: January 16, 2012

The Spring Meeting of GAP will be 29-31 at the Renaissance Westchester Hotel in White Plains, New York. We ask your cooperation in completing the attached reservation form and complying with the deadline. Please remember the following when completing the reservation form:

If you wish to share a room with a specific roommate, indicate the roommate's name on the reservation form, if you wish to share a room but do not have a specific roommate, just write "Assign roommate" on the reservation form where indicated. Otherwise, you will be placed in a single room and be responsible for the cost difference per night.

Please complete all parts of the form, paying particular attention to the meal section as this is necessary to guarantee space for the meeting. **IF NO FORM IS RETURNED, NO RESERVATION WILL BE MADE.**

Complete and return the reservation form by March 5. Reservation forms received after that date will be assigned as space is available.

You will be held responsible for the arrival date you list on the form unless we have been notified of your cancellation or change 24 hours in advance. If you do not show, you will be billed the no show charge.

Please feel free to contact Frances at (972) 613-0985 if you have questions about your arrangements.

Thank you.

President
Jack Drescher, M.D.

President-Elect
Marcia Goin, M.D.

Secretary
John G. Looney, M.D.

Treasurer
Steven S. Sharfstein, M.D.

Executive Director
Frances Roton Bell

**RESERVATION FORM
GAP SPRING 2012 MEETING**

TO: Frances Roton Bell
PO Box 570218
Dallas, Texas 75357-0218
FAX: (972) 613-5532
Email: frda1@airmail.net

FROM: _____
PLEASE PRINT NAME

I will attend _____

I will not attend _____

I will attend but no hotel reservation is necessary _____

Arrival: _____ Departure: _____
(Indicate date and day of week)

Roommate: _____

I will attend the following meals:

Friday	Breakfast _____	Lunch _____	Dinner _____
Saturday	Breakfast _____	Lunch _____	

_____ Yes, my guest is attending the Friday evening reception and dinner.
Enclosed is my check for \$75.00.

Office Telephone Number: _____

Home Telephone Number: _____

Email: _____

Reservations will not be taken over the telephone by the hotel or by the Central Office. All reservations must be made in writing through the Central Office. Please keep a copy of this for your records.

DEADLINE: March 5