

2010 APPOINTMENT CALENDAR FOR MENTAL HEALTH PROFESSIONALS RE-ORDER FORM

Includes: Appointment Schedule 7:00 a.m. – 8:15 p.m.
8 1/2 x 11; appointment times in 15-minute intervals (lies flat when open)
DSM-IV-TR/ICD-9 Diagnoses Crosswalk
Psychotropic Drug Listing
CE Record Form
Important Telephone Numbers
(content subject to change)

- Yes, I want to order the 2010 Appointment Calendar for Mental Health Professionals. Please send me ___ copy(ies).
- Enclosed is payment in the amount of \$_____.

FPA Sustaining Member:

\$31.95 each (incl. tax and shipping) \$_____

FPA Member:

\$34.95 each **by July 21, 2009** (incl. tax and shipping) \$_____

\$37.95 each **after July 21, 2009** (incl. tax and shipping) \$_____

FPA Non Member:

\$37.95 each **by July 21, 2009** (incl. tax and shipping) \$_____

\$42.95 each **after July 21, 2009** (incl. tax and shipping) \$_____

Name: _____

Billing Address: _____

City: _____ State, Zip: _____

Phone: (____) _____

2010 Appointment Calendars will be shipped after Labor Day 2009.

RETURN THIS FORM WITH PAYMENT TO:

Florida Psychological Association
408 Office Plaza Drive
Tallahassee, FL 32301

Credit Card orders may be faxed to:
850-942-4586

PAYMENT INFORMATION

___ Check Enclosed (check # _____)

___ Visa ___ MasterCard ___ American Express

Credit Card # _____

Expiration Date: _____ 3 or 4 digit Security Code: _____

(Visa/MC on back of card, AMX on front)

Signature: _____