MUSC Department of Psychiatry and Behavioral Sciences and Postpartum Support Charleston present:

THERAPEUTIC TECHNIQUES & SPECIAL POPULATIONS IN PSYCHIATRY SERIES

MATERNAL MENTAL HEALTH DOCUMENTARY SCREENING & EXPERT PANEL DISCUSSION

CONFERENCE DETAILS

Friday, June 24, 2016
1:00 p.m. - 4:45 p.m.

Medical University of South Carolina
Institute of Psychiatry Auditorium
67 President Street
Charleston, SC 29425

JOIN US

Peripartum depression is incredibly distressing and unfortunately highly prevalent. Through lecture, a screening of "Dark Side of the Full Moon", a didactic video with case examples and a panel discussion, this conference will provide an overview of the challenges in the treatment of peripartum depression.

WITH

Elaine DeaKyne
Board President
Postpartum Support Charleston

Holly Fisher
Past President
Postpartum Support Charleston

Constance Guille, MD, MSCR
Assistant Professor
Department of Psychiatry and Behavioral Sciences
Director, Women's Reproductive Behavioral Health Clinic
Medical University of South Carolina

Ganga Srinivas, MBBS, FAAP
Assistant Professor
Department of Pediatrics
Medical Director, Newborn Nursery
Medical University of South Carolina

Bridget Williamson, MD
Board Certified OB GYN
East Cooper OB/GYN

This activity has been approved for 3.5 *AMA PRA Category 1 Credits™*

REGISTRATION RATES

Registration Type	General Rate
MD's, DO's, PharmD's	$75.00
All Other Providers	$50.00
Students/Trainees	$30.00

REGISTER ONLINE AT WWW.MUSC.EDU/PSYCHEVENTS

MUSC
DEPARTMENT of PSYCHIATRY & BEHAVIORAL SCIENCES

Postpartum Support Charleston

For further details and our upcoming calendar of events, visit us at:
www.musc.edu/psychevents

Questions? psych-events@musc.edu or (843) 792 - 0175

STAY CONNECTED!

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Check-in opens at 12:25 p.m.

For further details and Online Registration, visit our site

www.musc.edu/psychevents

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All Other Providers	☐	$50.00
Students/Trainees	☐	$30.00

REGISTRATION

Name _____ Email _____ Phone _____

Credentials (e.g., LPC, MD, LCSW) _____ Organization/Agency _____

Address _____ City _____ State _____ Zip _____

Any special needs? (dietary or physical) _____

PLEASE MAIL COMPLETED REGISTRATION FORM AND CHECK (PAYABLE TO MUSC PSYCHIATRY):

ATTN: MUSC Psychiatry and Behavioral Sciences, Continuing Education Office
67 President Street; MSC 861, Charleston, SC 29425