

**2011 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 2011 Appointment Calendar for Mental Health Professionals. Please send me \_\_\_ copy(ies).
  
- Enclosed is payment in the amount of \$\_\_\_\_\_.

**FPA Sustaining Member:**

**\$33.45** each **by July 21, 2010** (incl. tax and shipping) \$\_\_\_\_\_  
**\$39.45** each **after July 21, 2010** (incl. tax and shipping) \$\_\_\_\_\_

**FPA Member:**

**\$36.45** each **by July 21, 2010** (incl. tax and shipping) \$\_\_\_\_\_  
**\$39.45** each **after July 21, 2010** (incl. tax and shipping) \$\_\_\_\_\_

**FPA Non Member:**

**\$39.45** each **by July 21, 2010** (incl. tax and shipping) \$\_\_\_\_\_  
**\$44.45** each **after July 21, 2010** (incl. tax and shipping) \$\_\_\_\_\_

Name: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State, Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_

**2011 Appointment Calendars will be shipped after Labor Day 2010.**

**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: \_\_\_\_\_