Recent Updates on Management of
Schizophrenia & Bipolar Disorders

February 7-9, 2003

Stratton Mountain Inn
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STRATTON MOUNTAIN, VERMONT
**Who Should Attend**

This program is designed for psychiatrists, psychologists, social workers, nurses, and psychiatric nurse practitioners who wish to update their knowledge on new developments in schizophrenia and bipolar disorders.

**Objective**

To discuss with participants some of the advances in our knowledge in Schizophrenia & Bipolar Disorders.

**Accreditation**

The University of Vermont is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The University of Vermont College of Medicine designates this educational activity for a maximum of 7 hours in Category 1 credit toward the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the activity. Nursing credit will be awarded.

**Registration**

The tuition fee for this conference is $50. Fee includes all course materials, and coffee breaks. No refunds will be granted after January 17th. There will be a limited enrollment in this program. Please register early.

**Conference Location**

A block of handsomely appointed rooms has been reserved at Stratton Mountain Inn in Stratton, Vermont. This beautiful resort is surrounded by a wealth of recreational opportunities, spectacular scenery, antique shops, art galleries, and country stores. Please make your reservations by January 8th directly with the hotel (877) 887-3767, and indicate your participation in this University of Vermont Conference to obtain our discounted rates: $139 single or double occupancy. (Other rates available for triple/quad occupancy.) These rates cannot be guaranteed after January 8, 2003.
Course Director
Jaskaran Singh, MD
Clinical Assistant Professor of Psychiatry
University of Vermont
Clinical Associate, National Institute of Health

Faculty
M. Cory Gould, MA
President, American Foundation for Suicide Prevention, Vermont
Director, NAMI-Vermont Provider Education Program

Andrew K. Krystal, MD, MS
Associate Professor
Duke University Medical Center

Jayendra K. Patel, MD
Assistant Professor of Psychiatry
Director, Schizophrenia Research
Director, Bipolar Disorder Program
Department of Psychiatry
University of Massachusetts Medical School

Michael A. Schwartz, MD
Clinical Professor
Department of Psychiatry
Case Western Reserve University
School of Medicine

William S. Stone, PhD
Assistant Professor of Psychology
Department of Psychiatry
Harvard Medical School
Massachusetts Mental Health Center
Friday, February 7

5:00-7:00pm Registration

6:55 Welcome
Jaskaran Singh, MD

7:00 Bipolar Depression, Controversies in Diagnosis and Management
Jaskaran Singh, MD

8:00-9:00 Reception

Saturday, February 8

7:30-8:00am Continental Breakfast and Continued Registration

8:00 Are Neurocognitive Deficits in Schizophrenia Treatable?
William Stone, PhD

9:00 A Cognitive Neuropsychiatry Perspective on Schizophrenia and Related Disorders
Michael Schwartz, MD

10:00 Break

10:15 First Episode Psychosis: Is Early Intervention Relevant?
Jayendra Patel, MD

11:15 Adjourn

Sunday, February 9

7:30-8:00am Continental Breakfast

8:00 Psychotherapy with Bipolar Disorder Clients
Cory Gould, MA

9:00 New and the Old Brain Stimulation in Mood and Psychotic Disorders. Update on Repetitive Transcranial Magnetic Stimulation, Vagus Nerve Stimulation and Magnetic Seizure Therapies.
Andrew Krystal, MD, MS

10:00 Break

10:15 To Be Announced at Conference

11:15 Conference Adjourns
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OF SCHIZOPHRENIA &
BIPOLAR DISORDERS

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First:______________ M.I.:____  Last:_____________
Degree:__________ Specialty:_____________
Address:_____________________________________
City:___________ State:___ Zip:_____________
Phone: (__________ ) ___________________________
Email: ______________________________________

Initials: ___________________ Last 4 digits of SSN
qqqq - qqqq (for CME Tracking Purposes)

REGISTRATION FEE: $50

PAYMENT METHOD

☐ Check (payable to The University of Vermont)
☐ Visa    ☐ Master Card    ☐ American Express

Card No.: ____________________________ Exp.: __ / __

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Mail to: UVM Continuing Medical Education
75 University Heights
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PLEASE RETURN YOUR REGISTRATION FORM BY
JANUARY 15, 2003