



The American College of Neuropsychiatrists (ACN)/  
American College of Osteopathic Neurologists and Psychiatrists  
(ACONP)

## Annual Summer Meeting and Scientific Seminar

July 23-25, 2026 Traverse City, Park Place Hotel 231-946-5000



## Annual Summer Meeting and Scientific Seminar

Traverse City, Park Place Hotel 231-946-5000 and Code CC2535 for Hotel

July 23-25, 2026 Thursday, Friday, & 1/2 day Saturday, for 19 anticipated hours of 1A AOA CME

Program topics/speakers subject to change.

Join fellow healthcare providers in beautiful Traverse City, Michigan in July! Nearby wine and distillery tours, hiking, biking, canoeing, museums, and casinos.

**President:** Thomas Laton, D.O., MBA, FACN **Program Chair:** Erica Musser, D.O., FACN

**Thursday, July 23, 2026 (7.5 hours of CME anticipated) CME 8:15-11:45 am & 1:15-5:15 pm**

7:00-8:00am Meeting Room-Boardman- Potential Sponsored Breakfast Lecture (**NON-CME**)

**8:15-11:45** Meeting Room-Grandview I

8:15-9:15 am Social Media's Effect on the Brain-Mark Kanzawa, D.O., FACN

9:15-10:15 am To Be Announced-Suzanne Crandall, DO., FACN

11:15-12:15 pm Moral Injury Among Healthcare Workers: A Toolkit for Post-Trauma Growth-Lynne Boone, D.O.

12:15-1:15 pm Meeting Room-Boardman Potential Sponsored Lunch Lecture (**NON-CME**)

**1:30-5:30 pm** Meeting Room-Grandview I

1:30 pm-2:30 pm Pain: Acute and Chronic- Ronald Bradley, D.O., PhD, FACN

2:30-3:30 pm Survey with Update for Brain Tumor Care-James Snyder, D.O.

3:30-4:30 pm Migraine-Mary Megally, D.O.

4:30-5:00 pm Poster/Great Cases

6:00 pm Reception/Awards- Meeting Room-Boardman

**Friday, July 24 (7.5 hours of CME anticipated) CME 8:15 am-11:45 am & 1:15 pm-5:15 pm**

7:00-8:00am Meeting Room-Boardman Potential Sponsored Breakfast Lecture(**NON CME**)

**8:15-11:45 am** Meeting Room-Grandview I

8:15-9:15 am Side Effects of Anti-Seizure Medication-Olga Selioutski, D.O., FACN

9:15-10:15 am Topic to Be Announced-Todd Jamrose, D.O., FACN  
10:15-11:15 am Cognitive Changes in Peri-menopausal Women- Alison Caruana, D.O.  
11:15-12:15 pm Lifestyle Medicine in Child and Adolescent Psychiatry- Sarah Coffey, D.O.  
12:15-1:00 pm Meeting Room-Boardman Potential Sponsored Lunch(**NON-CME**)  
**1:15-5:15 pm** Meeting Room-Grandview I  
1:30 pm-2:30 pm Pain: Acute and Chronic- Ronald Bradley, D.O., PhD, FACN  
2:30-3:30 pm Recognizing Implicit Bias-Lillian Somner, D.O. (Mich. State License Required sign in and out)  
3:30-5:00 pm Peripheral Neuropathies in Musicians-David A. Simpson, D.O., D.FACN, FAANEM, FAAN

**Saturday, July 25 (4 hours of CME anticipated) CME 8:15 am-12:15 pm**

7:00-8:00am Meeting Room-Boardman Potential Sponsored Breakfast Lecture(**NON CME**)  
**8:15 am-12:15 pm** Meeting Room-Grandview I  
8:15 am-9:15 am Topic To Be Announced-Anne M. Pawlak, D.O., D.FACN, FAAN  
9:15-10:15 am Adjunct Therapy for Motor Fluctuations in Parkinson's Disease-  
Aaron Ellenbogen, D.O., MPH, FACN  
10:15-11:15 am Disruptive / Aggressive Behavior in Children-Brooke Weingarden, D.O.  
11:15-12:15 pm MOGAD (Myelin Oligodendrocyte Glycoprotein Associated Disorder) Diagnosis & Treatment  
Updates- Rosemarie Walch, D.O.

**Hotel Link Group Link:** <https://be.synxis.com/?hotel=62003&chain=16552&Group=CC2535>

Hotel Rates: BASE Rate \$289 night (Wed, Thurs) \$309.00 Friday night (taxes and fees are added to the base rate)

Early Registration Rates Below, Rates increase +\$50.00 after June 1:

Non-Member \$625.00

Member (2026 A.C.N./ACONP Dues Paid) \$425.00

Retired, Resident & Allied Prof. (RN, NP, Etc.) \$325.00

**No Refunds after June 10, 2026**

300 East State Street, Traverse City, Michigan 231-946-5000

**NOTE: ONSITE Registration Fees increase \$50.**

**Medical Students: Complimentary prior to July 10<sup>th</sup>**

**Additional banquet tickets: Adult \$75, Children \$15**

Conference registration: Call (248) 553-6207 or Mail payment to: Attn: Sue Wesserling A.C.N./ACONP, 28595 Orchard Lake Road, Ste. 200, Farmington Hills, MI 48334 or Email: [swesserling@acn-aconp.org](mailto:swesserling@acn-aconp.org)

We accept American Express, Master, Visa, Discover

Physician Name for Registration: \_\_\_\_\_

Contact Phone number: \_\_\_\_\_

Credit Card Payment info required:

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Address for Credit card bill: \_\_\_\_\_

Email address for receipt: \_\_\_\_\_

Amount to be Charged: \_\_\_\_\_

We DO NOT have an online link for payment.