



Texas Society of Psychiatric Physicians and Texas Academy of Psychiatry
Spring Meeting & Continuing Medical Education Program
 May 16, 2020 • Westin Austin at the Domain Hotel • Austin, Texas



MAIL... (pay by credit card or check)
 Texas Society of Psychiatric Physicians
 401 West 15th Street, Suite 675, Austin, TX 78701

(The following options require credit card payment)

E-MAIL... TSPPOfc@aol.com
ONLINE... http://www.txpsych.org

FAX... 512.478.5223
PHONE.. 512.478.0605

To remit payment online, complete this form and return to tspopf@aol.com via email and request an email invoice from Quickbooks Online.

REGISTRATION

NAME _____ EMAIL ADDRESS FOR MEETING CONFIRMATION _____

Please check if you are a: APA Distinguished Life Fellow APA Distinguished Fellow APA Fellow APA Life Fellow APA Life Member

ADDRESS / CITY / STATE / ZIP: _____

PHONE/FAX _____

REGISTRATION FEE

	BEFORE APRIL 23	AFTER APRIL 23	
<input type="checkbox"/> SATURDAY LUNCH	\$20.00	\$25.00	_____
<input type="checkbox"/> CME PROGRAM, AND DINNER			
TSPP / ACADEMY / TSCAP Member	\$125.00	\$155.00	_____
RESIDENT-FELLOW IN TRAINING / TSPP / ACADEMY / TSCAP MEMBER	\$15.00**	\$25.00	_____
NON-MEMBER PHYSICIAN	\$155.00	\$185.00	_____
NON-MEMBER RESIDENT-FELLOW PHYSICIAN, MEDICAL STUDENT	\$25.00	\$45.00	_____
ALLIED HEALTH PROFESSIONAL	\$100.00	\$125.00	_____
Name(s) for name badge: _____			
SPOUSE / GUEST (no CME credit)	\$65.00	\$85.00	_____
Name(s) for name badge: _____			

** NO CHARGE, if your Program Training Director registers for the CME Program.

Enter Program Director's name here: _____

MEETING SYLLABUS ORDER

<input type="checkbox"/> Meeting Syllabus in Color	\$125.00	\$155.00	_____
<input type="checkbox"/> Meeting Syllabus in Black & White	\$95.00	\$125.00	_____
<input type="checkbox"/> Online Meeting Syllabus	No Charge	No Charge	_____
<input type="checkbox"/> Vegetarian Plate Requested. No additional fee if requested prior to April 23 otherwise there will be an additional fee of \$15.00			_____

If you require any special assistance to fully participate in this conference, please contact TSPP at (512) 478-0605.

Total Registration Fees

METHOD OF PAYMENT:

Check in the Amount of \$ _____ *Make Checks Payable to Texas Society of Psychiatric Physicians*

Please Charge \$ _____ To My: VISA MasterCard American Express

Credit Card # _____ Expiration Date: _____

3 or 4 Digit Code on Back of Card on Right of Signature Panel _____

Name of Cardholder (as it appears on card) _____

Signature _____

ADDRESS WHERE YOU RECEIVE YOUR CREDIT CARD STATEMENT (include address, city, state, zip): _____

CANCELLATION POLICY: In the event of cancellation, a full refund will be made if written notice is received in the TSPP office by April 23, 2020, less a 25% processing charge. NO REFUNDS will be given after April 23, 2020