TSCAP Annual Convention & Scientific Program

"A Generation in Distress: Depression and Suicidality in the Teenage Years"

July 19-21, 2019 • Moody Gardens Hotel, Galveston, Texas

MAIL... (pay by credit card or check)
Texas Society of Child and Adolescent Psychiatrists
401 West 15th Street, Suite 675, Austin, TX 78701
(The following options require credit card payment)
E-MAIL... **TSCAPofc@aol.com**
ONLINE ... **http://www.txpsych.org**
FAX ... **(512) 478-5223**

To remit payment online, complete this form and return to tscapofc@aol.com via email. An email invoice will be sent to you via Quickbooks for payment.

REGISTRATION

NAME _______________ DEGREE _______________

MAILING ADDRESS _______________ CITY _______________ STATE _______________ ZIP _______________

TELEPHONE NUMBER _______________ FAX NUMBER _______________ E-MAIL _______________

Name(s) of Guest(s) Attending _______________

SCIENTIFIC PROGRAM REGISTRATION

(Includes Scientific Program, **Saturday Lunch During Resident Case Presentation**, Saturday & Sunday Refreshment Breaks).

	Before June 18	*After June18*	
TSCAP Member Physician	$195	$215	___________
Non-Member Physician	$250	$270	___________
Spouse / Guest Claiming CME Credit	$195	$215	___________
Allied Health Professional / Spouse / Guest	$180	$200	___________
TSCAP Member Trainee	$15	$30	___________
Non-Member Trainee	$25	$50	___________
Medical Student	$0	$15	___________

SOCIAL EVENTS

☐ **Friday Welcome Reception**

Name(s) Attending Reception: _______________ _______________

☐ **Sunday Membership Business Breakfast**

TSCAP Member	$15	$20	___________
Non-Members/Guests/Spouse/Child	$20	$25	___________

Name(s) Attending Breakfast: _______________ _______________

MEETING SYLLABUS ORDER

☐ Online Meeting Syllabus	Free	Free	
☐ Color Printed Copy	$75	$100	___________
☐ Black & White Copy	$50	$75	

☐ **Vegetarian Plate Requested. No additional fee if requested priorto June 18, otherwise there will be an additional fee of $15.00.**

If you require any special assistance to fully participate in this conference, please contact TSCAP via e-mail tscapofc@aol.com or 512/478-0605.

TOTAL REGISTRATION ___________

PAYMENT INFORMATION

Check in the Amount of $_____________ *Make Checks Payable to Texas Society of Child and Adolescent Psychiatry*

Please Charge $_____________ To My: ☐ **VISA** ☐ **MasterCard** ☐ **American Express**

Credit Card #_______________ Expiration Date: _____________

3 or 4 Digit Security 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):_______________

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CANCELLATIONS – Deadline for cancellation is June 18, 2019. In the event of cancellation, a full refund will be made if written notice is received in the TSCAP office by June 18, 2019, less a 25% handling charge. NO REFUNDS WILL BE GIVEN AFTER June 18, 2019.