



Texas Society of Psychiatric Physicians  
**VIRTUAL LIVE CME WEBINAR**  
 November 14, 2020

**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 **FAX...** 512.478.5223  
**ONLINE...** http://www.txpsych.org **PHONE..** 512.478.0605

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

**REGISTRATION FORM**

Approximately one week prior to the CME webinar you will receive an email (at the email address you provided on your registration form) with the zoom meeting ID # and link to join the meeting on November 14. If you do not already have the free Zoom account loaded on your device you will need to do so prior to November 14 in order to access the program. Please refer to the Zoom Guide for additional information and/or questions. The program will begin promptly at 9:30 am so please plan to log on between 9:15-9:30 am to allow time to address and eliminate any access difficulties you may have. Thank you for registering!

LAST NAME	FIRST NAME	CREDENTIALS (MD/DO, PA, NP, AHP, SPECIFY OTHER CREDENTIALS)		
SPECIALTY		EMAIL ADDRESS		
MAILING ADDRESS		CITY	STATE	ZIP
PHONE		FAX		

**PARTICIPATION POLICY** – The Texas Society of Psychiatric Physicians' policy is to promote an environment of mutual respect, well-being, and collegiality at its meetings. TSPP values and benefits from the diverse opinions its members hold on the issues with which the Society and the psychiatric profession are confronted. All individuals participating in the (live or virtual) meetings agree to conduct themselves in a manner appropriate for health care professionals. This includes respect for the intellectual property of others, proper display and use of meeting badges, and the avoidance of aggressive or inappropriate behavior towards others. Individuals participating in TSPP sponsored meetings agree to listen respectfully to all views presented, be courteous to others regardless of whether you agree or disagree with the views presented, and to exhibit the professionalism and collegiality expected of psychiatrists. If an individual believes that these rules have been violated or acceptable social decorum has otherwise been breached, he or she shall contact TSPP staff to help with the situation. TSPP reserves the right to remove meeting access rights of any individual violating this policy and will not provide a refund. By registering for this meeting, you agree to abide by the Participation Policy as described above.

**REGISTRATION FEE SCHEDULE**

**CME PROGRAM**

<input type="checkbox"/> TSPP / ACADEMY / TSCAP Member	\$110.00	_____
<input type="checkbox"/> RESIDENT-FELLOW MEMBER (IN TRAINING) TSPP/ ACADEMY / TSCAP MEMBER	\$20.00	_____
<input type="checkbox"/> RFM MEMBER WHOSE TRAINING PROGRAM DIRECTOR HAS REGISTERED	NO CHARGE	_____
<b>List Training Program Director's Name:</b> _____		
<input type="checkbox"/> MEDICAL STUDENT MEMBER APA / AACAP	\$10.00	_____
<input type="checkbox"/> NON-MEMBER PHYSICIAN	\$140.00	_____
<input type="checkbox"/> NON-MEMBER RESIDENT-FELLOW MEMBER (IN TRAINING) PHYSICIAN OR MEDICAL STUDENT	\$20.00	_____
<input type="checkbox"/> ALLIED HEALTH PROFESSIONAL	\$90.00	_____

**MEETING SYLLABUS ORDER**

<input type="checkbox"/> Meeting Syllabus in Color	\$155.00	_____
<input type="checkbox"/> Meeting Syllabus in Black & White	\$125.00	_____
<input type="checkbox"/> Online Meeting Syllabus	FREE	_____

**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 Security Code \_\_\_\_\_

Name of Cardholder (as it appears on card) \_\_\_\_\_

Signature \_\_\_\_\_

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

Cancellation Policy: No REFUNDS given after November 1.