

# TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS

## 63RD ANNUAL CONVENTION & SCIENTIFIC PROGRAM

November 8-10, 2019  
Moody Gardens Hotel • Galveston, 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

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

NAME \_\_\_\_\_ E-MAIL \_\_\_\_\_  
Please check if you are a:  APA Fellow  APA Distinguished Fellow  APA Distinguished Life Fellow  APA Life Fellow  APA Life

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

NAME(S) GUEST(S) ATTENDING (for name badges)

### REGISTRATION FEES

Indicate the **NUMBER** of individuals who are registered for each event in the appropriate enrollment category listed below. Please note the enrollment fees are **PER PERSON** and your payment should reflect the proper fee for the number of individuals registered per event.

NUMBER ATTENDING EVENT	EARLY BIRD BEFORE 8/30	ADVANCE BEFORE 10/1	AFTER 10/1
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<b>Golf Outing – Thursday</b>			
# <input type="checkbox"/> Please Send Me Additional Information.			
<b>Committee Attendee Lunch – Friday</b>			
# <input type="checkbox"/> Lunch	\$25	\$25	\$35

RESIDENT SECTION PROGRAM RFM and Academic Psychiatry Joint Program "Impact of Culture in Psychiatric Practice"			
NUMBER ATTENDING EVENT	EARLY BIRD BEFORE 8/30	ADVANCE BEFORE 10/1	AFTER 10/1
# <input type="checkbox"/>	No Chg	No Chg	No Chg

Texas Academy of Psychiatry Program – Friday "Assisted Outpatient Treatment (AOT): Another Option for Patient Engagement"			
NUMBER ATTENDING EVENT	EARLY BIRD BEFORE 8/30	ADVANCE BEFORE 10/1	AFTER 10/1
# <input type="checkbox"/> TAP Member	No Chg	No Chg	No Chg
# <input type="checkbox"/> Non TAP Member	\$25	\$25	\$25

Reception w/ Exhibitors – Friday			
NUMBER ATTENDING EVENT	EARLY BIRD BEFORE 8/30	ADVANCE BEFORE 10/1	AFTER 10/1
# <input type="checkbox"/> NOT Registered or Scientific Program	\$40	\$40	\$50
# <input type="checkbox"/> Registered for Scientific Program	No Chg	No Chg	No Chg

Lunch – Saturday			
NUMBER ATTENDING EVENT	EARLY BIRD BEFORE 8/30	ADVANCE BEFORE 10/1	AFTER 10/1
# <input type="checkbox"/> TSPPOFC/ACADEMY/TSCAP Member	\$25	\$25	\$35
# <input type="checkbox"/> TSPPOFC/ACADEMY/TSCAP Non-Member	\$35	\$35	\$45
# <input type="checkbox"/> TSPPOFC/ACADEMY/TSCAP Trainee Member/MS	\$15	\$15	\$20
# <input type="checkbox"/> TSPPOFC/ACADEMY/TSCAP Trainee Non-Member/MS	\$25	\$25	\$35
# <input type="checkbox"/> Guest	\$25	\$25	\$35

Awards Banquet and Gala – Saturday			
NUMBER ATTENDING EVENT	EARLY BIRD BEFORE 8/30	ADVANCE BEFORE 10/1	AFTER 10/1
# <input type="checkbox"/> Awards Banquet	\$45	\$45	\$65
# <input type="checkbox"/> Reserved Table for 10*	\$400	\$400	\$600

\* Name(s) for Reserved Table: \_\_\_\_\_

NUMBER ATTENDING EVENT	EARLY BIRD BEFORE 8/30	ADVANCE BEFORE 10/1	AFTER 10/1
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SCIENTIFIC PROGRAM – Saturday and Sunday			
NUMBER ATTENDING EVENT	EARLY BIRD BEFORE 8/30	ADVANCE BEFORE 10/1	AFTER 10/1
# <input type="checkbox"/> TSPPOFC/ACADEMY/TSCAP Member	\$215	\$245	\$275
# <input type="checkbox"/> Non-Member Physician	\$265	\$295	\$325
# <input type="checkbox"/> TSPPOFC/ACADEMY/TSCAP Trainee Member	\$25	\$25	\$35

\*\*If your Training Director, Associate or Assistant Program Director registers for the Scientific Program, your Scientific Program Fee is \$0.00. Enter your Director's name below if they have registered for the Scientific Program:

NAME:			
NUMBER ATTENDING EVENT	EARLY BIRD BEFORE 8/30	ADVANCE BEFORE 10/1	AFTER 10/1
# <input type="checkbox"/> Non-Member RFM (Trainee)	\$35	\$50	\$50
# <input type="checkbox"/> Non-Member Medical Students	\$20	\$20	\$20
# <input type="checkbox"/> Medical Students	0	\$15	\$15

**Medical Students and Resident Members:** If you present a poster, your registration fee for the Scientific Program AND Saturday Lunch is waived.

# <input type="checkbox"/> Allied Health Professional	\$105	\$130	\$155
# <input type="checkbox"/> Spouse / Guest (No CME Credit)	\$95	\$120	\$145

CME Meeting Syllabus Order			
NUMBER ATTENDING EVENT	EARLY BIRD BEFORE 8/30	ADVANCE BEFORE 10/1	AFTER 10/1
# <input type="checkbox"/> Online Meeting Syllabus	No Chg	No Chg	No Chg
# <input type="checkbox"/> CME Meeting Syllabus In Black/White	\$95	\$95	\$125
# <input type="checkbox"/> CME Meeting Syllabus In Color	\$125	\$125	\$155

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

**Vegetarian Plate Requested (for lunch and/or dinner registration). No additional fee if requested prior to 10/1, otherwise there will be an additional fee of \$15.00**  
**MY SPECIAL DIETARY NEEDS: (ie, Gluten Free or Lactose Free, etc)**

**TOTAL REGISTRATION FEE** \$ \_\_\_\_\_

### 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 TSPPOFC office by October 1, 2019, less a 25% processing charge. NO REFUNDS will be given after October 1, 2019