

**TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS**  
**61ST ANNUAL CONVENTION & SCIENTIFIC PROGRAM**

**November 3-5, 2017 • Hyatt Regency Hill Country Hotel& Resort • San Antonio, Texas**

Please complete this form and return it with your check, money order or credit card information for your registration and event fees to the Texas Society of Psychiatric Physicians, 401 West 15th Street, Suite 675, Austin, Texas 78701 by October 1 to receive the discounted registration fee. Registration forms and payments by credit card may be faxed to TSPP at 512/478-5223.

NAME \_\_\_\_\_ E-MAIL \_\_\_\_\_

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

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

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

**R E G I S T R A T I O N   F E E S**


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
<b>Golf Outing - Thursday</b>			
# <input type="checkbox"/> Please Send Me Additional Information.			
<b>Medical Student/Resident Mixer - Thursday</b>			
# <input type="checkbox"/> No Charge			
<b>Lunch - Friday</b>			
# <input type="checkbox"/> Lunch	\$20	\$20	\$25
<b>Resident Section Program / Academic Psychiatry Program for Residents - Friday</b>			
# <input type="checkbox"/>	No Chg	No Chg	No Chg
<b>Texas Academy of Psychiatry Program - Friday</b>			
# <input type="checkbox"/> TAP Member	No Chg	No Chg	No Chg
# <input type="checkbox"/> Non TAP Member	\$25	\$25	\$25
<b>Reception w/ Exhibitors - Friday</b>			
# <input type="checkbox"/> NOT Registered or Scientific Program	\$40	\$40	\$50
# <input type="checkbox"/> Registered for Scientific Program	No Chg	No Chg	No Chg
<b>Lunch - Saturday</b>			
# <input type="checkbox"/> TSPP / ACADEMY / TSCAP Member	\$25	\$25	\$35
# <input type="checkbox"/> TSPP / ACADEMY / TSCAP Trainee Member	\$15	\$15	\$20
# <input type="checkbox"/> TSPP / ACADEMY / TSCAP Non-Member	\$35	\$35	\$45
# <input type="checkbox"/> TSPP / ACADEMY / TSCAP Trainee Non-Member	\$25	\$25	\$35
# <input type="checkbox"/> Guest	\$25	\$25	\$35
<b>Awards Banquet and Gala - Saturday</b>			
# <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
<b>SCIENTIFIC PROGRAM - Saturday and Sunday</b>			
# <input type="checkbox"/> TSPP / ACADEMY / TSCAP Member	\$215	\$245	\$275
# <input type="checkbox"/> Non-Member Physician	\$265	\$295	\$325
# <input type="checkbox"/> TSPP / ACADEMY / TSCAP Trainee Member	\$25	\$35	\$35
***If your Training Director, Associate or Assistant Program Director's 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: _____			
# <input type="checkbox"/> Non-Member RFM (Trainee)	\$35	\$50	\$50
# <input type="checkbox"/> Medical Students	\$0	\$15	\$15
<b>Medical Students and Resident Members:</b> 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
<b>CME Meeting Syllabus Order</b>			
# <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

**Vegetarian Plate Requested. 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)**

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

**TOTAL REGISTRATION FEE**    \$

To register by telephone there will be a \$7.50 convenience fee charged. To avoid this charge, you may fax (512-478-5223), scan and email (tsppofc@aol.com or mail to: TSPP, 401 West 15th Street, Suite #675, Austin, TX 78701 your registration form and payment.

**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 October 1, 2017, less a 25% processing charge. NO REFUNDS will be given after October 1, 2017