Texas Society of Psychiatric Physicians and Texas Academy of Psychiatry

VIRTUAL LIVE CME WEBINAR

May 16, 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

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

When your registration payment has been processed, you will receive an email invite at the email address provided on your registration form with a link to join the meeting, the unique Meeting ID # and information for joining the meeting on Saturday, May 16. The program will begin promptly at 2:30 pm. 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 _____

REGISTRATION FEE SCHEDULE

CME PROGRAM

☐ TSPP / ACADEMY / TSCAP Member	$90.00	_____
☐ RESIDENT-FELLOW MEMBER (IN TRAINING) TSPP/ ACADEMY / TSCAP MEMBER	$10.00	_____
☐ RFM MEMBER WHOSE TRAINING PROGRAM DIRECTOR HAS REGISTERED	NO CHARGE	_____
List Training Program Director's Name: _____		
☐ MEDICAL STUDENT MEMBER APA	$10.00	_____
☐ NON-MEMBER PHYSICIAN	$115.00	_____
☐ NON-MEMBER RESIDENT-FELLOW PHYSICIAN OR MEDICAL STUDENT	$20.00	_____
☐ ALLIED HEALTH PROFESSIONAL	$75.00	_____

MEETING SYLLABUS ORDER

☐ Meeting Syllabus in Color	$155.00	_____
☐ Meeting Syllabus in Black & White	$125.00	_____
☐ 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 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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