

# TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS

## 62ND ANNUAL CONVENTION & SCIENTIFIC PROGRAM

November 9-11, 2018  
Omni Fort Worth Hotel, Fort Worth, 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](mailto: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](mailto: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	ADVANCE BEFORE 10/1	AFTER 10/1
<b>Golf Outing</b> – Thursday		
# <input type="checkbox"/> Please Send Me Additional Information.		
<b>Medical Student/Resident Mixer</b> – Thursday		
# <input type="checkbox"/> No Charge	No Chg	No Chg
<b>Committee Attendee Lunch</b> – Friday		
# <input type="checkbox"/> Lunch	\$25	\$35
<b>RESIDENT SECTION WORKSHOP</b> <b>RFM and Academic Psychiatry Joint Workshop</b> <i>Sub-Specialties – Work Experiences and Types of Practice</i>		
# <input type="checkbox"/>	No Chg	No Chg
<b>Texas Academy of Psychiatry Program</b> – Friday <i>Psychiatrists' Role In Disaster Relief: Lessons Learned</i>		
# <input type="checkbox"/> TAP Member	No Chg	No Chg
# <input type="checkbox"/> Non TAP Member	\$25	\$25
<b>Reception w/ Exhibitors</b> – Friday		
# <input type="checkbox"/> NOT Registered or Scientific Program	\$40	\$50
# <input type="checkbox"/> Registered for Scientific Program	No Chg	No Chg
<b>Lunch</b> – Saturday		
# <input type="checkbox"/> TSPP/ACADEMY/TSCAP Member	\$25	\$35
# <input type="checkbox"/> TSPP/ACADEMY/TSCAP Non-Member	\$35	\$45
# <input type="checkbox"/> TSPP/ACADEMY/TSCAP Trainee Member/MS	\$15	\$20
# <input type="checkbox"/> TSPP/ACADEMY/TSCAP Trainee Non-Member/MS	\$25	\$35
# <input type="checkbox"/> Guest	\$25	\$35
<b>Awards Banquet and Gala</b> – Saturday		
# <input type="checkbox"/> Awards Banquet	\$45	\$65
# <input type="checkbox"/> Reserved Table for 10*	\$400	\$600

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

NUMBER ATTENDING EVENT	ADVANCE BEFORE 10/1	AFTER 10/1
<b>SCIENTIFIC PROGRAM</b> – Saturday and Sunday		
Registration includes your online program syllabus, complimentary continental breakfast and AM / PM refreshment breaks.		
# <input type="checkbox"/> TSPP/ACADEMY/TSCAP Member	\$245	\$275
# <input type="checkbox"/> Non-Member Physician	\$295	\$325
# <input type="checkbox"/> TSPP/ACADEMY/TSCAP Trainee Member	\$35	\$35
<b>**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:</b>		
<b>NAME:</b> _____		
# <input type="checkbox"/> Non-Member RFM (Trainee)	\$50	\$50
# <input type="checkbox"/> Non-Member Medical Students	\$20	\$20
# <input type="checkbox"/> Medical Students	\$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	\$130	\$155
# <input type="checkbox"/> Spouse / Guest (No CME Credit)	\$120	\$145
<b>CME Meeting Syllabus Order</b>		
# <input type="checkbox"/> Online Meeting Syllabus	No Chg	No Chg
# <input type="checkbox"/> CME Meeting Syllabus In Black/White	\$95	\$125
# <input type="checkbox"/> CME Meeting Syllabus In Color	\$125	\$155

 If you require any special assistance to fully participate in this conference, please contact TSPP 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 TSPP office by October 1, 2018, less a 25% processing charge. NO REFUNDS will be given after October 1, 2018