

**Texas Society of Child & Adolescent Psychiatry
Application for Exhibit Space / Social Sponsorship
July 22-24, 2016 Annual Convention
Westin Riverwalk Hotel, San Antonio, Texas**

Name of Firm _____
 Street Address of Firm _____
 City, State, Zip _____
 Telephone Number _____ E-Mail Address _____
 Name of Authorized Personnel _____ Title _____

I have reviewed the Texas Society of Child and Adolescent Psychiatry exhibit policies and hereby agree to the terms and requirements as outlined:

 Signature of Authorized Personnel

Choose a support level (see support levels and benefits on next page)

- Platinum Level \$6,000
- Gold Level \$3,000
- Exhibit Only \$2,000

TSCAP Tax ID: 75-1504593

Representative(s) to Attend Meeting

(Information will be used for name badges. If add'l space needed, attach names to this application)

Name of Representative	Mailing Address of Representative	City, State, Zip	Phone #	EMail	Fax #

What general product line will your exhibit promote? _____

Who are your direct competitors/name of organization (for use in booth placement assignments)? _____

List two meetings at which your firm has exhibited in the past year:

1) _____ 2) _____

**If you would like to donate a door prize for the drawing to be held throughout the breaks on Saturday please list your donation as follows and plan to have a representative attend to present the prize: _____

**Return Form To: Debbie Sundberg, Texas Society of Child & Adolescent Psychiatry
401 West 15th Street, Suite #675, Austin, TX 78701 * Phone: (512) 478-0605 * Fax: (512) 478-5223**