



Texas Society of Psychiatric Physicians and Texas Academy of Psychiatry

Spring Committee Meetings, Joint Provider Continuing Medical Education Program

April 14-15, 2018 • Westin Austin at the Domain Hotel, Austin, 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
PHONE.. 512.478.0605

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.

REGISTRATION

NAME _____ E-MAIL ADDRESS FOR MEETING CONFIRMATION _____

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

ADDRESS / CITY / STATE / ZIP: _____

PHONE/FAX _____

REGISTRATION FEE SCHEDULE – APRIL 14, 2018

	<i>Before March 22</i>	<i>After March 22</i>	
<input type="checkbox"/> LUNCH	\$20.00	\$25.00	_____
<input type="checkbox"/> CME PROGRAM , AND DINNER			
TSPP / ACADEMY / TSCAP Member	\$125.00	\$155.00	_____
MS OR RESIDENT-FELLOW IN TRAINING / TSPP / ACADEMY / TSCAP MEMBER	\$15.00	\$25.00**	_____
NON-MEMBER PHYSICIAN	\$155.00	\$185.00	_____
NON-MEMBER RESIDENT-FELLOW PHYSICIAN, MS	\$25.00	\$35.00	_____
ALLIED HEALTH PROFESSIONAL	\$100.00	\$125.00	_____
Name(s) for name badge: _____			
SPOUSE / GUEST (no CME credit)	\$65.00	\$85.00	_____
Name(s) for name badge: _____			

** NO CHARGE, if your Program Training Director registers for the CME Program.

Enter Program Director's name here: _____

MEETING SYLLABUS ORDER

<input type="checkbox"/> Meeting Syllabus in Color	\$125.00	\$155.00	_____
<input type="checkbox"/> Meeting Syllabus in Black & White	\$95.00	\$125.00	_____
<input type="checkbox"/> Online Meeting Syllabus	No Charge	No Charge	_____

Vegetarian Plate Requested.
No additional fee if requested prior to March 22 otherwise there will be an additional fee of \$15.00

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

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): _____

CANCELLATION POLICY: In the event of cancellation, a full refund will be made if written notice is received in the TSPP office by March 22, 2018, less a 25% processing charge. NO REFUNDS will be given after March 22, 2018