



TSCAP Annual Convention & Scientific Program

"Update in Child and Adolescent Psychiatric Care: Challenges and Innovations in Practice"

JULY 27-29, 2018 • Moody Gardens Hotel, Galveston, Texas

MAIL... (pay by credit card or check)
Texas Society of Child and Adolescent Psychiatrists
401 West 15th Street, Suite 675, Austin, TX 78701
(The following options require credit card payment)
E-MAIL... TSCAPofc@aol.com
ONLINE ... http://www.txpsych.org
FAX ... (512) 478-5223

To remit payment online, complete this form and return to tscapofc@aol.com via email. An email invoice will be sent to you via Quickbooks for payment.

REGISTRATION

NAME	DEGREE		
MAILING ADDRESS	CITY	STATE	ZIP
TELEPHONE NUMBER	FAX NUMBER	E-MAIL	

Name(s) of Guest(s) Attending _____

SCIENTIFIC PROGRAM REGISTRATION (Includes Scientific Program, Saturday Lunch During Resident Case Presentation, Saturday & Sunday Refreshment Breaks).

	Before July 4	After July 4	
TSCAP Member Physician	\$195	\$215	_____
Non-Member Physician	\$250	\$270	_____
Spouse / Guest Claiming CME Credit	\$195	\$215	_____
Allied Health Professional / Spouse / Guest	\$180	\$200	_____
TSCAP Member Trainee	\$15	\$30	_____
Non-Member Trainee	\$25	\$50	_____
Medical Student	\$0	\$15	_____

SOCIAL EVENTS

Friday Welcome Reception
Name(s) Attending Reception: _____

Sunday Membership Business Breakfast

	Before July 4	After July 4	
TSCAP Member	\$15	\$20	_____
Non-Members/Guests/Spouse/Child	\$20	\$25	_____

Name(s) Attending Breakfast: _____

MEETING SYLLABUS ORDER

<input type="checkbox"/> Online Meeting Syllabus	Free	Free	
<input type="checkbox"/> Color Printed Copy	\$75	\$100	_____
<input type="checkbox"/> Black & White Copy	\$50	\$75	

Vegetarian Plate Requested. No additional fee if requested prior to July 4, otherwise there will be an additional fee of \$15.00.

If you require any special assistance to fully participate in this conference, please contact TSCAP via e-mail tscapofc@aol.com or 512/478-0605.

TOTAL REGISTRATION

PAYMENT INFORMATION

Check in the Amount of \$ _____ Make Checks Payable to Texas Society of Child and Adolescent Psychiatry

Please Charge \$ _____ To My: VISA MasterCard American Express

Credit Card # _____ Expiration Date: _____

3 or 4 Digit Security 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): _____

CANCELLATIONS – Deadline for cancellation is July 4, 2018. In the event of cancellation, a full refund will be made if written notice is received in the TSCAP office by July 4, 2018, less a 25% handling charge. NO REFUNDS WILL BE GIVEN AFTER July 4, 2018.