



# Texas Society of Psychiatric Physicians and Texas Academy of Psychiatry Spring Meeting & Continuing Medical Education Program



April 27, 2019, 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 and request an email invoice from Quickbooks Online.

## REGISTRATION

NAME \_\_\_\_\_ E-MAIL ADDRESS FOR MEETING CONFIRMATION \_\_\_\_\_

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

ADDRESS / CITY / STATE / ZIP: \_\_\_\_\_

PHONE/FAX \_\_\_\_\_

### REGISTRATION FEE

BEFORE MARCH 27 AFTER MARCH 27

**SATURDAY LUNCH** \$20.00 \$25.00 \_\_\_\_\_

**CME PROGRAM, AND DINNER**

TSPP / ACADEMY / TSCAP Member \$125.00 \$155.00 \_\_\_\_\_

RESIDENT-FELLOW IN TRAINING / TSPP / ACADEMY / TSCAP MEMBER \$15.00\*\* \$25.00\*\* \_\_\_\_\_

NON-MEMBER PHYSICIAN \$155.00 \$185.00 \_\_\_\_\_

NON-MEMBER RESIDENT-FELLOW PHYSICIAN, MEDICAL STUDENT \$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

Meeting Syllabus in Color \$125.00 \$155.00 \_\_\_\_\_

Meeting Syllabus in Black & White \$95.00 \$125.00 \_\_\_\_\_

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 27, 2019, less a 25% processing charge. NO REFUNDS will be given after March 27, 2019