



# TSCAP Annual Convention & Scientific Program

## "A Generation in Distress: Depression and Suicidality in the Teenage Years"

July 19-21, 2019 • Westin Riverwalk Hotel, San Antonio, 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](mailto: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 June 18	After June 18	
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

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 June 18, 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](mailto: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 June 18, 2019. In the event of cancellation, a full refund will be made if written notice is received in the TSCAP office by June 18, 2019, less a 25% handling charge. **NO REFUNDS WILL BE GIVEN AFTER June 18, 2019.**