

TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS

63RD ANNUAL CONVENTION & SCIENTIFIC PROGRAM

November 8-10, 2019
Moody Gardens Hotel • Galveston, 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

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

NAME _____ E-MAIL _____
Please check if you are a: APA Fellow APA Distinguished Fellow APA Distinguished Life Fellow APA Life Fellow APA Life

ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____


NAME(S) GUEST(S) ATTENDING (for name badges)

REGISTRATION FEES

Indicate the **NUMBER** of individuals who are registered for each event in the appropriate enrollment category listed below. Please note the enrollment fees are **PER PERSON** and your payment should reflect the proper fee for the number of individuals registered per event.

NUMBER ATTENDING EVENT	AFTER 10/1
Golf Outing – Thursday	
# <input type="checkbox"/> Please Send Me Additional Information.	
Committee Attendee Lunch – Friday	
# <input type="checkbox"/> Lunch	\$35
RESIDENT SECTION PROGRAM	
RFM and Academic Psychiatry Joint Program	
"Impact of Culture in Psychiatric Practice"	
# <input type="checkbox"/>	No Chg
Texas Academy of Psychiatry Program – Friday	
"Assisted Outpatient Treatment (AOT): Another Option for Patient Engagement"	
# <input type="checkbox"/> TAP Member	No Chg
# <input type="checkbox"/> Non TAP Member	\$25
Reception w/ Exhibitors – Friday	
# <input type="checkbox"/> NOT Registered or Scientific Program	\$50
# <input type="checkbox"/> Registered for Scientific Program	No Chg
Lunch – Saturday	
# <input type="checkbox"/> TSPPOFC/ACADEMY/TSCAP Member	\$35
# <input type="checkbox"/> TSPPOFC/ACADEMY/TSCAP Non-Member	\$45
# <input type="checkbox"/> TSPPOFC/ACADEMY/TSCAP Trainee Member/MS	\$20
# <input type="checkbox"/> TSPPOFC/ACADEMY/TSCAP Trainee Non-Member/MS	\$35
# <input type="checkbox"/> Guest	\$35
Awards Banquet and Gala – Saturday	
# <input type="checkbox"/> Former TSPPOFC Award Recipient	No Chg
# <input type="checkbox"/> Awards Banquet	\$45
# <input type="checkbox"/> Reserved Table for 8*	\$400

* Name(s) for Reserved Table: _____

NUMBER ATTENDING EVENT	AFTER 10/1
SCIENTIFIC PROGRAM – Saturday and Sunday	
Registration includes your online program syllabus, complimentary continental breakfast and AM / PM refreshment breaks.	
# <input type="checkbox"/> TSPPOFC/ACADEMY/TSCAP Member	\$275
# <input type="checkbox"/> Non-Member Physician	\$325
# <input type="checkbox"/> TSPPOFC/ACADEMY/TSCAP Trainee Member	\$35
**If your Training Director, Associate or Assistant Program Director's registers for the Scientific Program, your Scientific Program Fee is \$0.00. Enter your Director's name below if they have registered for the Scientific Program:	
NAME: _____	
# <input type="checkbox"/> Non-Member RFM (Trainee)	\$50
# <input type="checkbox"/> Non-Member Medical Students	\$20
# <input type="checkbox"/> Medical Students	\$15
Medical Students and Resident Members: If you present a poster, your registration fee for the Scientific Program AND Saturday Lunch is waived.	
# <input type="checkbox"/> Allied Health Professional	\$155
# <input type="checkbox"/> Spouse / Guest (No CME Credit)	\$145
CME Meeting Syllabus Order	
# <input type="checkbox"/> Online Meeting Syllabus	No Chg
# <input type="checkbox"/> CME Meeting Syllabus In Black/White	\$125
# <input type="checkbox"/> CME Meeting Syllabus In Color	\$155
 If you require any special assistance to fully participate in this conference, please contact TSPPOFC at (512) 478-0605.	
<input type="checkbox"/> Vegetarian Plate Requested (for lunch and/or dinner registration). No additional fee if requested prior to 10/1, otherwise there will be an additional fee of \$15.00	
MY SPECIAL DIETARY NEEDS: (ie, Gluten Free or Lactose Free, etc)	

TOTAL REGISTRATION FEE \$ 	

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 TSPPOFC office by October 1, 2019, less a 25% processing charge. NO REFUNDS will be given after October 1, 2019