



# Texas Society of Child and Adolescent Psychiatry VIRTUAL LIVE CME WEBINAR

Saturday, July 18

**MAIL...** (pay by credit card or check)

Texas Society of Child and Adolescent Physicians  
401 West 15th Street, Suite 675, Austin, TX 78701

(The following options require credit card payment)

**E-MAIL...** tscapofc@aol.com

**FAX...** 512.478.5223

**ONLINE...** http://www.txpsych.org

**PHONE...** 512.478.0605

To remit payment online, complete this form and return to tscapofc@aol.com via email and request an email invoice from Quickbooks Online.

## REGISTRATION FORM

When your registration payment has been processed, about one week prior to the meeting, you will receive an email invite at the email address provided on your registration form with a link to join the meeting, the unique Meeting ID # and information for joining the meeting on Saturday, July 18.

It is **IMPORTANT** that the email address you list on the Registration Form is the email you will use to participate on the Zoom Meeting or Zoom will not recognize and allow you to log into the meeting. If you do not already have Zoom loaded on your device with the email address you provide on your Registration Form, you will not be able to access the program. Please refer to the Zoom Guide attachment for instructions to access the meeting.

The program will begin promptly at 9:00 am so please log on about 5-10 minutes prior to 9:00 am. Thank you for registering!

LAST NAME	FIRST NAME	CREDENTIALS (MD/DO, PA, NP, AHP, SPECIFY OTHER CREDENTIALS)		
SPECIALTY		EMAIL ADDRESS		
MAILING ADDRESS		CITY	STATE	ZIP
PHONE		FAX		

**PARTICIPATION POLICY** – The Texas Society of Psychiatric Physicians' policy is to promote an environment of mutual respect, well-being, and collegiality at its meetings. TSPP values and benefits from the diverse opinions its members hold on the issues with which the Society and the psychiatric profession are confronted. All individuals participating in the (live or virtual) meetings agree to conduct themselves in a manner appropriate for health care professionals. This includes respect for the intellectual property of others, proper display and use of meeting badges, and the avoidance of aggressive or inappropriate behavior towards others. Individuals participating in TSPP sponsored meetings agree to listen respectfully to all views presented, be courteous to others regardless of whether you agree or disagree with the views presented, and to exhibit the professionalism and collegiality expected of psychiatrists. If an individual believes that these rules have been violated or acceptable social decorum has otherwise been breached, he or she shall contact TSPP staff to help with the situation. TSPP reserves the right to remove meeting access rights of any individual violating this policy and will not provide a refund. By registering for this meeting, you agree to abide by the Participation Policy as described above.

## REGISTRATION FEE SCHEDULE

- |  |       |       |
|--|-------|-------|
| <input type="checkbox"/> TSCAP / TSPP / Academy Member           | \$110 | _____ |
| <input type="checkbox"/> Non-Member Physician                    | \$140 | _____ |
| <input type="checkbox"/> Allied Health Professional              | \$90  | _____ |
| <input type="checkbox"/> Trainee Member / Medical Student Member | \$10  | _____ |
| <input type="checkbox"/> Non-Member Trainee / Medical Student    | \$20  | _____ |

## MEETING SYLLABUS ORDER

- |  |       |       |
|--|-------|-------|
| <input type="checkbox"/> Online Meeting Syllabus | Free  | _____ |
| <input type="checkbox"/> Color Printed Copy      | \$155 | _____ |
| <input type="checkbox"/> Black & White Copy      | \$125 | _____ |

**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): \_\_\_\_\_

Cancellation Policy: No REFUNDS given after July 1