

TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS 67TH ANNUAL CONVENTION & SCIENTIFIC PROGRAM

November 9-12, 2023
Omni Fort Worth Hotel

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... tspp@txpsych.org
ONLINE ... <http://www.txpsych.org>

To remit payment online, complete this form and return to tspp@txpsych.org 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	BEFORE 10/15
Committee Attendee Lunch – Friday	
# <input type="checkbox"/> Lunch	\$40
RESIDENT SECTION PROGRAM RFM	
# <input type="checkbox"/>	No Chg
Texas Academy of Psychiatry Program – Friday	
# <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"/> TSP/ACADEMY/TSCAP Member	\$40
# <input type="checkbox"/> TSP/ACADEMY/TSCAP Non-Member	\$50
# <input type="checkbox"/> TSP/ACADEMY/TSCAP Trainee Member/MS	\$25
# <input type="checkbox"/> TSP/ACADEMY/TSCAP Trainee Non-Member/MS	\$35
# <input type="checkbox"/> Guest	\$45
Awards Banquet and Gala – Saturday	
# <input type="checkbox"/> Former TSP Award Recipient	No Chg
# <input type="checkbox"/> Awards Banquet	\$55
# <input type="checkbox"/> Reserved Table for 8*	\$400

* Name(s) for Reserved Table: _____
 Vegetarian Plate Requested (for lunch and/or dinner registration). No additional fee if requested prior to 10/15, otherwise there will be an additional fee of \$15.00
MY SPECIAL DIETARY NEEDS: (ie, Gluten Free or Lactose Free, etc)

NUMBER ATTENDING EVENT	BEFORE 10/15
SCIENTIFIC PROGRAM – Saturday and Sunday	
Registration includes your online program syllabus, complimentary continental breakfast and AM / PM refreshment breaks.	
# <input type="checkbox"/> TSP/ACADEMY/TSCAP Member	\$275
# <input type="checkbox"/> Non-Member Physician	\$325
# <input type="checkbox"/> TSP/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	\$30
# <input type="checkbox"/> Medical Students	\$25
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	\$180
# <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

Check here if you DO NOT want your name and information included on the attendee list provided to conference sponsors and exhibitors.

 If you require any special assistance to fully participate in this conference, please contact TSP at (512) 478-0605.

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 TSP office by October 15, 2023, less a 25% processing charge. NO REFUNDS will be given after October 15, 2023.