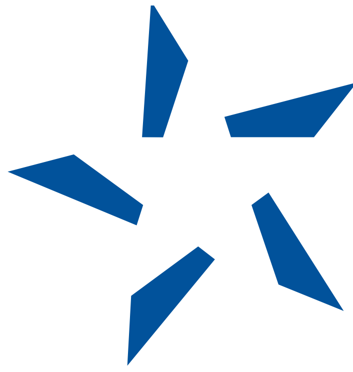

Texas Society of Psychiatric Physicians

Spring Meeting & CME Program

April 19-21, 2024 • 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... TSPP@txpsych.org
ONLINE... http://www.txpsych.org

PHONE... 512.478.0605

To remit payment online, complete this form and return to TSPP@txpsych.org via email. An email invoice will be sent to you for payment.

REGISTRATION

NAME as it should appear on badge ______ CREDENTIALS (for name badge) ______ 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 ______

Name and city for name badge, if different than listed above: ______ ______

REGISTRATION FEE

☐ **SATURDAY LUNCH**	$50.00	______
☐ **CME PROGRAM**		
TSPP / ACADEMY / TSCAP Member	$195.00	______
RESIDENT-FELLOW IN TRAINING / TSPP / ACADEMY / TSCAP MEMBER	$45.00**	______
** NO CHARGE, if your Program Training Director registers for the CME Program.		
NON-MEMBER PHYSICIAN	$245.00	______
NON-MEMBER RESIDENT-FELLOW PHYSICIAN, MEDICAL STUDENT	$55.00	______
ALLIED HEALTH PROFESSIONAL	$180.00	______

***Enter Program Director's name here:* ______

☐ **SATURDAY DINNER**		
TSPP / ACADEMY / TSCAP Member	$60.00	______
RESIDENT-FELLOW IN TRAINING / TSPP / ACADEMY / TSCAP MEMBER	$50.00	______
NON-MEMBER PHYSICIAN	$100.00	______
NON-MEMBER RESIDENT-FELLOW PHYSICIAN, MEDICAL STUDENT	$60.00	______
SPOUSE/GUEST/ALLIED HEALTH PROFESSIONAL (no CME, dinner only)	$85.00	

Name(s) for name badge ______ ______

MEETING SYLLABUS ORDER

☐ Meeting Syllabus in Color	$155.00	______
☐ Meeting Syllabus in Black & White	$125.00	______
☐ Online Meeting Syllabus	No Charge	

☐ **Vegetarian Plate Requested.**
No additional fee if requested prior to March 31 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): ______

______

Our conference would not be possible without the support of our sponsors and exhibitors. Conference partners, speakers, sponsors and exhibitors will receive a list of all conference participants, including your name, organization and mailing address (no phone numbers or emails will be shared).

☐ Check here if you DO NOT want your name and information included on this list.

CANCELLATION POLICY: In the event of cancellation, a full refund will be made if written notice is received in the TSPP office by March 31, 2024, less a 25% processing charge. NO REFUNDS will be given after March 31, 2024.