

MAL... (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

PHONE... 512.222.6865

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.

	DENTIALS (for name badge)	E-MAIL ADDRESS FOR MEETIN	
Please check if you are a: APA Distinguished Life Fellow APA Distin	guished Fellow APA Fello	w	Life Member
DDRESS / CITY / STATE / ZIP:			
HONE/FAX			
lame and city for name badge, if different than listed above:			
	EGISTRATION FE rly bird pricing until February 2		
CATURDAYLUNGU	Early Bird	450.00	
」SATURDAY LUNCH □ CME PROGRAM	\$40.00	\$50.00	
SPP / ACADEMY / TSCAP Member	\$175.00	\$195.00	
ESIDENT-FELLOW IN TRAINING / TSPP / ACADEMY / TSCAP MEMBER	\$35.00	\$45.00**	
* NO CHARGE, if your Program Training Director registers for the CME Program.	4225.00	42.45.00	
ION-MEMBER PHYSICIAN	\$225.00	\$245.00	
ION-MEMBER RESIDENT-FELLOW PHYSICIAN, MEDICAL STUDENT ILLIED HEALTH PROFESSIONAL	\$45.00 \$165.00	\$55.00 \$165.00	
*Enter Program Director's name here:			
SATURDAY DINNER			
SPP / ACADEMY / TSCAP Member	\$55.00	\$60.00	
RESIDENT-FELLOW IN TRAINING / TSPP / ACADEMY / TSCAP MEMBER	\$45.00	\$50.00	
ION-MEMBER PHYSICIAN ION-MEMBER RESIDENT-FELLOW PHYSICIAN, MEDICAL STUDENT	\$95.00 \$55.00	\$100.00 \$60.00	
POUSE/GUEST/ALLIED HEALTH PROFESSIONAL (no CME, dinner only)	\$85.00	\$85.00	
lame(s) for name badge	• • • • • • • • • • • • • • • • • • • •	_	
MEETING SYLLABUS ORDER			
☐ Meeting Syllabus in Color	\$155.00	\$155.00	
☐ Meeting Syllabus in Black & White	\$125.00	\$125.00	
Online Meeting Syllabus	No Charge	No Charge	
Vegetarian Plate Requested. No additional fee if requested prior to March 15 otherwise there will be an ad	lditional fee of \$15.00		
If you require any special assistance to fully participate in		Total Registration Fees	
this conference, please contact TSPP at (512) 222-6865.		·	
METHOD OF PAYMENT:		Our conference	would not be possible without the support of
☐ Check in the Amount of \$ Make Checks Payable to		sponsors and ex	d exhibitors. Conference partners, speakers chibitors will receive a list of all conference
Please Charge \$ To My: UISA Master	rCard 🔲 American Express	participants, inc address (no pho	luding your name, organization and mailing one numbers or emails will be shared).
Credit Card #	Expiration Date:	Check here	if you DO NOT want your name and
3 or 4 Digit Code on Back of Card on Right of Signature Panel		informatio	n included on this list.
Name of Cardholder (as it appears on card)			
Signature			
,	addrace city state ain).		
ADDRESS WHERE YOU RECEIVE YOUR CREDIT CARD STATEMENT (include a	auuress, city, state, zip):		

Committee Meeting RSVP

If you are sending a printed/ scanned registration form, please check ALL committee meetings that you are a member of and plan to attend, and return with registration and payment.

registration and payment.
☐ Chapter Leadership Forum Friday, 6-7:30pm
☐ Federation Delegate Assembly Meeting Friday, 7:30-9pm
Council on Leadership & Education Meetings Saturday, 8:30-10am
☐ Ethics
☐ Distinguished Fellowship
Finance
Professional Practice Management
□ СМЕ
Resident-Fellow Member Section
Council on Service Meetings Saturday, 10:20-11:50am
Academic Psychiatry
☐ Child/Adolescent Psychiatry
☐ Forensic Psychiatry
☐ Public Mental Health Srvs