

CSA 2017 FALL ANESTHESIA CONFERENCE

CME REGISTRATION FORM



California Society of
ANESTHESIOLOGISTS
Physicians for Vital Times

CME REGISTRATION FORM

November 13 - 17, 2017 | Grand Hyatt, Kauai

GENERAL INFORMATION

NAME: _____ CREDENTIALS: _____
 MAILING ADDRESS: _____ SPECIALTY: _____
 CITY: _____ STATE: _____ ZIP: _____
 ABA#: _____ HOSPITAL OR PRACTICE NAME: _____
 EMAIL: _____
 PHONE: (____) _____ - _____ CELL PRACTICE HOME FAX (____) _____ - _____

	(CIRCLE ONE)		
	Early Until 8/14/2017	Regular	Late Begins 10/16/2017
CSA Members	\$715	\$865	\$1,015
Non-CSA Members	\$915	\$1065	\$1,215
AA, CRNA, PA, RN	\$615	\$765	\$915
Resident/Fellow	\$350	\$500	\$650
USSA Member	\$350	\$400	\$450
CSA Retired/Life Member	\$350	\$500	\$650

EARLY REGISTRATION ENDS ON AUGUST 14, 2017 • LATE REGISTRATION BEGINS ON OCTOBER 16, 2017

GUEST INFORMATION: Please note: The registration fee for participants includes breakfast but all guests, including children, will be subject to a **\$40 PER MEAL** charge if they join participants for breakfast. Guests will require name badges to be admitted to the breakfast area; all other guests at the meeting will not require name badges.

If your guest(s) will be joining you for breakfast on any or all of the days of the meeting, please list their names below and select which days they will be joining you. **Please note it is a \$40 per day charge.**

_____ Mon Tues Wed Thurs Fri All Days
 _____ Mon Tues Wed Thurs Fri All Days
 _____ Mon Tues Wed Thurs Fri All Days
 _____ Mon Tues Wed Thurs Fri All Days

TOTAL AMOUNT DUE (USD) INCLUDING GUEST MEAL(S) IF APPLICABLE: \$ _____

METHOD OF PAYMENT (CHECK ONE)

- CHECK** Please make payable to: California Society of Anesthesiologists, and mail to: 1 Capitol Mall Suite 800, Sacramento, CA 95814
- CREDIT CARD** I authorize the California Society of Anesthesiologists to charge the following credit card, in the full amount due.

I authorize the California Society of Anesthesiologists to charge the following credit card, in the full amount due. I understand that if I cancel prior to October 23, 2017, I can transfer my registration to either Winter 2018 Maui meeting or Fall 2018 Big Island Meeting, or cancel for a full refund minus a \$50 processing fee. Any cancellations after October 23, 2017 are non-refundable, but may still be transferred to one of the programs listed above.

CHECK ONE MasterCard Visa American Express

Name as it appears on card: _____

Card #: _____ - _____ - _____ - _____ Expiration Date: ____/____/____ 3 or 4 digit security code: _____

Signature: _____

Please send in form via email to mcorreia@csahq.org, or by fax to 916-444-7462.
 Online registration is also available at csahq.org/CME.