

CSA 2017 ANNUAL ANESTHESIA MEETING & WORKSHOPS

Tailor your curriculum by choosing to attend all or portions of this comprehensive CME opportunity!

SPECIALTY WORKSHOPS – APRIL 27, 2017
ANNUAL ANESTHESIA MEETING – APRIL 28-30, 2017

REGISTER EARLY AND SAVE ON THE MEETING & WORKSHOPS!

- Advanced Discounted Rates through March 27, 2017
- Regular Registration Rates through April 10, 2017
- Onsite Registration after April 10, 2017

NAME: _____ PROFESSIONAL DESIGNATION(S): _____

COMPANY, FACILITY, OR CLINIC NAME: _____

ADDRESS (STREET/CITY/STATE/ZIP): _____

EMAIL (REQUIRED): _____ PHONE: (____) _____ - _____

ABA #: _____ NPI #: _____ SPECIALTY: _____

SPECIALTY WORKSHOPS		(CIRCLE ONE)		
		Postmarked by March 27, 2017	Postmarked by April 10, 2017	Onsite Fees
Perioperative Ultrasound: Heart, Lungs and Beyond	CSA Member	\$375	\$450	\$400
	Non-CSA Member	\$450	\$525	\$450
Ultrasonography: The "Standard" For Vascular Access and Monitoring	CSA Member	\$375	\$450	\$400
	Non-CSA Member	\$450	\$525	\$450
Intensive Ultrasound-Guided Regional Anesthesia & Interventional Acute Pain Medicine	CSA Member	\$375	\$450	\$400
	Non-CSA Member	\$450	\$525	\$450

ANNUAL MEETING	(CIRCLE ONE)					
	ALL 3 DAYS (April 27-30)			SINGLE DAY ONLY*		
	Postmarked by March 27, 2017	Postmarked by April 10, 2017	Onsite Fees	Postmarked by March 27, 2017	Postmarked by April 10, 2017	Onsite Fees
CSA MEMBER	\$725	\$850	\$935	\$325	\$350	\$400
NON-CSA MEMBER <small>Physician Anesthesiologists, Anesthesiologist Assistants, Nurse Anesthetists, Physician Assistants, Registered Nurses</small>	\$850	\$975	\$1075	\$385	\$425	\$450
CSA ANESTHESIA RESIDENT/FELLOW	N/A	\$250	\$300	N/A	\$100	\$125
NON-CSA ANESTHESIA RESIDENT/FELLOW	N/A	\$300	\$350	N/A	\$125	\$150
CSA RETIRED, LIFE MEMBER	N/A	\$550	\$625	N/A	\$250	\$300

* If attending a Single Day Only, **PLEASE CHECK ONE:** Thurs (4/27) Fri (4/28) Sat (4/29) Sun (4/30)

Method of Payment (CHECK ONE)

Check (U.S. Funds only). Please make check payable to: **California Society of Anesthesiologists**
Please send check and completed registration form to: 1 Capitol Mall, Suite 800, Sacramento, CA 95814

Charge \$_____ to my (CHECK ONE) MasterCard Visa American Express

Name as it appears on card: _____ Expiration Date: _____ / _____

Card #: _____ - _____ - _____ 3 or 4 digit security code: _____

Signature: _____

PLEASE CHECK ALL THAT APPLY:

Yes, I agree to have my mailing address and/or email shared with conference participants and/or exhibitors.

My practice manager will be attending the exhibit hall. His/her name is: _____

Cancellation Policy: If you cancel your participation in this conference, your registration fee will be refunded, less a \$150 administrative fee when written notice is received by March 27, 2017. No refunds will be issued after March 27, 2017.

For additional information about this meeting, please visit our website for regular updates at csahq.org/cme.
For more information or questions, please email us at: education@csahq.org or call us at: (916) 290-5830