

# CSA 2022 SUMMER ANASTHESIA CONFERENCE

CME REGISTRATION FORM



## CME REGISTRATION FORM

JULY 18-23, 2022 FOUR SEASONS KO'OLINA, OAHU

GENERAL INFORMATION

NAME: \_\_\_\_\_ CREDENTIALS: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_ SPECIALTY \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 ABA#: \_\_\_\_\_ HOSPITAL OR PRACTICE NAME \_\_\_\_\_  
 EMAIL: \_\_\_\_\_ DOB (ABA REPORTING) \_\_\_\_\_  
 PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  CELL  PRACTICE  HOME  FAX (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

	(CIRCLE ONE)		
	Early Until 4/29/2022	Regular	Late/Onsite Begins 6/24/2022
CSA/HSA Members	\$795	\$945	\$1,095
Non-CSA Members	\$995	\$1,145	\$1,295
AA, CRNA, PA, RN	\$995	\$1,145	\$1,295
Resident/Fellow	\$450	\$550	\$650
USAA Member	\$450	\$550	\$650
CSA/HSA Retired/Life Member	\$175	\$250	\$650
SATURDAY ONLY (all categories)	\$175	\$250	\$350

**Guest registration.** If you are interested in a guest joining you for breakfast there is a **\$60 PER DAY** charge to include them for breakfast. Guests will be required to wear namebadges to be admitted, including children over 5. Please indicate below your guests name and which day they will join you for breakfast.

Guest Name \_\_\_\_\_ Day Attending  Mon  Tues  Wed  Thurs  Fri  All Days  
 Guest Name \_\_\_\_\_ Day Attending  Mon  Tues  Wed  Thurs  Fri  All Days  
 Guest Name \_\_\_\_\_ Day Attending  Mon  Tues  Wed  Thurs  Fri  All Days

TOTAL AMOUNT DUE (USD) INCLUDING GUEST MEAL(S) \_\_\_\_\_

Method of Payment:

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 understand that if I cancel prior to June 6, 2022, I can transfer my registration to either Fall 2022 Big Island or Winter 2023 Maui or cancel for a full refund minus a \$50 processing fee. Any cancellations after June 24, 2022 are non-refundable, but may still be transferred. In the case the program is cancelled, you will be given the option to transfer or a full cancellation without a cancellation fee.

CHECK ONE  MasterCard  Visa  American Express

Name as it appears on card: \_\_\_\_\_

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ 3 or 4 digit security code: \_\_\_\_\_

Signature: \_\_\_\_\_

**OPT Out information**

I understand that by participating in this CSA event I consent to sharing my profile data and contact information with CSA event partners. These partners may include exhibitors of companies that are supporting our event. If you do not want to consent to sharing your information, please check/click opt-out. I understand  OPT-OUT

I understand that by participating in this CSA event I consent to sharing my information with CSA so I may continue to receive event marketing information I understand  OPT OUT

I understand that by participating in this CSA event, I consent to sharing my information for future event marketing promoted by CSA I understand  OPT OUT

For purposes of GDPR and Data Privacy, I am identifying myself as a member of the European Union. Yes  Not applicable; I'm not an EU citizen

If you require reasonable accommodation to participate in this event, please contact the CSA office at education@csahq.org

Please send in form via email to Evan Wise: ewise@amgroup.us or by fax 916-444-7462

Online registration is available here: <http://www.csahq.org/events>