

CSA 2022 FALL ANESTHESIA CONFERENCE

CME REGISTRATION FORM



CME REGISTRATION FORM

NOVEMBER 14-18, 2022 FAIRMONT ORCHID, BIG ISLAND

NAME: _____ CREDENTIALS: _____

MAILING ADDRESS: _____ SPECIALTY _____

CITY: _____ STATE: _____ ZIP: _____

ABA#: _____ HOSPITAL OR PRACTICE NAME _____

EMAIL: _____ DOB (ABA REPORTING) _____

PHONE: (____) _____ - _____ CELL PRACTICE HOME FAX (____) _____ - _____

	Early Until 8/1/22	Regular	Late Begins 10/3/22
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
Active Military	\$450	\$550	\$650
CSA/HSA Retired/Life Member	\$175	\$250	\$650

Guest registration. If you are interested in a guest joining you for breakfast there is a **\$70 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

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

TOTAL AMOUNT DUE (USD) INCLUDING GUEST MEAL(S) Total: _____

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 full.

CHECK ONE MasterCard Visa American Express

Name as it appears on card: _____

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

Signature: _____

CANCELLATION

I understand if I cancel prior to August 1, 2022 I can transfer my registration to any of the 2023 Hawaii offerings, or cancel minus a \$50 processing fee. Any cancellations after November 7, 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.

INFORMATION SHARING

- 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 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 I understand Opt Out

Please send in form via email to Evan Wise: ewise@amgroup.us
Online registration is available here: <http://www.csahq.org/events>