

# CSA 2023 SUMMER ANESTHESIA CONFERENCE

CME REGISTRATION FORM



## CME REGISTRATION FORM

JULY 17-21, 2023      FOUR SEASONS KO'OLINA, OAHU

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 4/28/2023	Regular	Late/Onsite Begins 6/5/23
CSA/HSA Members	\$995	\$1145	\$1295
Non-CSA Members	\$1195	\$1345	\$1495
AA, CRNA, PA, RN	\$1195	\$1345	\$1495
Resident/Fellow	\$595	\$695	\$750
Active Military	\$595	\$695	\$750
CSA/HSA Retired/Life Member	\$595	\$695	\$750

**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  
 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 5, 2023, I can transfer my registration to either Fall 2023 Kauai, or Winter 2024 Maui or cancel for a full refund minus a \$50 processing fee. Any cancellations after June 5, 2023 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](mailto:education@csahq.org)

**Please send in form via email to Evan Wise: [ewise@amgroup.us](mailto:ewise@amgroup.us) or by fax 916-444-7462**

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