

2024 CSA Annual Meeting and Workshops

APRIL 4-7, 2024
DISNEYLAND HOTEL, ANAHEIM, CA



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REGISTRATION FORM



California Society of ANESTHESIOLOGISTS

ANNUAL ANESTHESIA MEETING: APRIL 4-7, 2024
CSACOMMITTEE MEETINGS: APRIL 5, 2024
WORKSHOPS: APRIL 6, 2024
CSA BOARD MEETING: APRIL 7, 2024

Early Bird Discounted Rates until JANUARY 29, 2024
Regular Registration until MARCH 8, 2024
Late/Onsite Registration ends on MARCH 22, 2024

NAME _____ PROFESSIONAL DESIGNATION(S) _____

COMPANY, FACILITY, OR CLINIC NAME _____

ADDRESS (STREET/CITY/STATE/ZIP) _____

EMAIL (REQUIRED) _____ PHONE _____ D.O.B.* _____

*ABA # _____ *Needed during Registration for Automatic CME Reporting to ABA SUBSPECIALTY _____

WORKSHOPS (BOTH ARE ON SATURDAY AFTERNOON)		(CIRCLE ONE)		
		Postmarked by January 29, 2024	Postmarked by March 8, 2024	Late/Onsite Fees
POCUS WORKSHOP *Lunch included	CSA Member	\$300	\$400	\$500
	Non-CSA Member	\$350	\$475	\$575
REGIONAL WORKSHOP *\$100 FULL registration discount if you attend this workshop and register for a FULL registration	CSA Member	\$250	\$350	\$450
	Non-CSA Member	\$300	\$425	\$525

*If you want to take advantage of this discount, please fill in the form and submit to ewise@amgroup.us

ANNUAL MEETING	(CIRCLE ONE)					
	ALL 3 DAYS (APRIL 4-7, 2024)			SINGLE DAY ONLY*		
	Postmarked by January 29, 2024	Postmarked by March 8, 2024	Late/Onsite Fees	Postmarked by January 29, 2024	Postmarked by March 8, 2024	Late/Onsite Fees
CSA MEMBER	\$495	\$570	\$645	\$250	\$285	\$320
NON-CSA MEMBER Physician Anesthesiologists, Anesthesiologist Assistants, Nurse Anesthetists, Physician Assistants, Registered Nurses	\$645	\$720	\$795	\$325	\$400	\$475
CSA RESIDENT/FELLOW	\$295	\$295	\$345	\$125	\$175	\$195
NON-CSA RESIDENT/FELLOW	\$395	\$445	\$545	\$165	\$210	\$325
ACTIVE MILITARY MEMBER	\$395	\$445	\$545	\$275	\$260	\$375
RETIRED CSA PHYSICIAN	\$395	\$445	\$545	\$225	\$295	\$445
CSA LIFE MEMBER	\$395	\$445	\$545	\$285	\$260	\$445

Event Total (Fee minus any discounts)\$ _____ *If a one day registration, which day?(Fri or Sat?) _____

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

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

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

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

Signature: _____

Cancellation

I understand if I cancel prior to March 4, 2024, I can transfer my registration to the 2025 CSA Annual Meeting, or cancel minus a \$50 processing fee. Any cancellations after March 15, 2024 are non-refundable, but may still be transferred. In the case the program is canceled, you will be given the option to transfer or a full cancellation without a cancellation fee.

PLEASE CHECK ALL THAT APPLY:

- 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

Registration questions? Please contact ewise@amgroup.us.