

CSA 2024 SUMMER ANESTHESIA CONFERENCE

CME REGISTRATION FORM



California Society of ANESTHESIOLOGISTS

REGISTRATION FORM

JULY 15-19, 2024 FOUR SEASONS KO'OLINA, OAHU

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

	(CIRCLE ONE)		
	Early Until 4/26/2024	Regular	Late/Onsite Begins 6/7/24
CSA Members	\$1075	\$1155	\$1230
Non-CSA Members	\$1275	\$1425	\$1575
AA, CRNA, PA, RN	\$1275	\$1425	\$1575
Resident/Fellow	\$675	\$775	\$830
Active Military	\$675	\$775	\$830
CSA Retired Member	\$675	\$775	\$830
CSA Life Member	\$675	\$775	\$830

Breakfast for you and your family members will be provided for Monday morning only. If you are interested in having them join you other days, the cost is \$70 for adults and \$35 for children under 10 daily. Please provide the following information:

Guest Name _____ Day Attending o Mon o Tues o Wed o Thurs o Fri o All Days
 Guest Name _____ Day Attending o Mon o Tues o Wed o Thurs o Fri o All Days
 Guest Name _____ Day Attending o Mon o Tues o Wed o Thurs o Fri o 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 7, 2024, I can transfer my registration to either Fall 2024 Big Island, or Winter 2025 Maui or cancel for a full refund minus a \$50 processing fee. Any cancellations after June 29, 2024 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 o MasterCard o Visa o 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 OR have any food allergies to note to participate, please contact the CSA office at rhickerson@amgroup.us

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>