CSA 2024 FALL ANESTHESIA CONFERENCE

CME REGISTRATION FORM

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California Society of ANESTHESIOLOG	HSTS	ISTRATION 2024 FAIRMONT OF	NFORM RCHID, BIG ISLAND OF H	AWAII
NAME:		CREDENTIALS:		_
MAILING ADDRESS:	SPECIALTY			
EMAIL:		DOB (ABA REPORTING)		
PHONE: ()	o CELL o PRAC	TICE O HOME O	FAX_()	_
		(CIRCLE ONE)		
	Early Until 8/2/2024	Regular	Late/Onsite Begins 10/4/2024	
CSA Members	\$995	\$1145	\$1295	
Non-CSA Members	\$1195	\$1345	\$1495	
AA, CRNA, PA, RN	\$1195	\$1425	\$1575	
Resident/Fellow (must show proof)	\$595	\$775	\$830	
Active Military (must show proof)	\$595	\$775	\$830	
CSA Retired Member	\$595	\$775	\$830	
CSA Life Member	\$595	\$775	\$830	
Guest Name Guest Name Guest Name	Day Attending o Mon	o Tues o Wed o	Thurs o Fri o All Days Thurs o Fri o All Days Thurs o Fri o All Days	
TOTAL AMOUNT DUE (USD) INCLUDING				
Method of Payment/cancellation:				
 may cancel with half of your CHECK Please make payable Sacramento, CA 95814 CREDIT CARD I authorize the California Society if I cancel prior to October 4, 202 Any cancellations after October or transfers will be allowed. In the CHECK ONE Master Commentation 	r fees returned, and transfer e to: California Society of A y of Anesthesiologists to charge 24, I can transfer my registration 4, 2024 are transferable to any he case the program is cancelle Card o Visa	r to another meeting. After nesthesiologists, and mail e the following credit card, in th n to any of our 2025 meetings of 2025 program OR able to canc ed, you will be given the option o American Express	ne full amount due. I understand that or cancel for a full refund minus a \$50 pro el for half of the fees. After October 28, 20 to transfer or a full cancellation without a	sfers will be allowe cessing fee. 124 no cancels
Name as it appears on card	•			
Card #:	Expiratio	on Date: / 3 or	4 digit security code:	
PT Out information understand that by participating in t SA event partners. These partners m ant to consent to sharing your inforr	his CSA event I consent to s ay include exhibitors of con mation, please check/click o	haring my profile data and o npanies that are supporting pt-out. I understan	our event. If you do not d OPT-OUT	
understand that by participating in t vent marketing information I u	his CSA event I consent to s nderstand OPT OUT	haring my information with	CSA so I may continue to receive	
i i i lu	nderstand OPT OUT		uture event marketing promoted by Ounion. Yes Not applicable; I'r	
If you require reasonable accomme			te, please contact the CSA office at	
Please send in for	rhickerson@amgr n via email to Evan Wise: e	oup.us ewise@amgroup.us or by f	ax 916-444-7462	

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