

# CSA 2025 SUMMER ANESTHESIA CONFERENCE

CME REGISTRATION FORM



**California Society of ANESTHESIOLOGISTS**

## REGISTRATION FORM

JULY 14-18, 2025 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 4/25/2025	Regular	Late/Onsite Begins 6/6/2025
CSA Members	\$1075	\$1155	\$1230
Non-CSA Members	\$1275	\$1425	\$1575
AA, CRNA, PA, RN	\$1275	\$1425	\$1575
Resident/Fellow/Students (must show ID)	\$675	\$775	\$830
Active Military (must show ID)	\$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  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 6, 2025, I can transfer my registration to either Fall 2025 Kauai, or Winter 2026 Maui or cancel for a full refund minus a \$50 processing fee. Any cancellations after June 27, 2025 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 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 Jacob Gray jgray@amgroup.us Online registration is available here: <http://www.csaHQ.org/events>