

CSA 2026 FALL ANESTHESIA CONFERENCE

REGISTRATION FORM

NOV 9-13, 2026 | Fairmont Orchid, Hawaii



California Society of
ANESTHESIOLOGISTS

NAME: _____ CREDENTIALS: _____

MAILING ADDRESS: _____ SPECIALTY _____

CITY: _____ STATE: _____ ZIP: _____

ABA#: _____ HOSPITAL OR PRACTICE NAME _____

EMAIL: _____ DOB (ABA REPORTING) _____

PHONE: (____) _____ - _____
 CELL PRACTICE HOME

	(CIRCLE ONE)		
	Early Deadline Ends August 5	Regular Rates Start August 6	Late/Onsite After October 9
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

Breakfast is included daily for the main registrant. Family members may join for \$80 per day. Please provide the following information:

Guest Name _____ Day Attending Mon Tues Wed Thurs Fri All Days

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TOTAL AMOUNT DUE (USD) INCLUDING GUEST MEAL(S) _____

Method of Payment/Cancellation

CANCELLATION POLICY: Cancellations for a full refund (minus \$50 processing fee) are accepted until **October 9, 2026**.

After this date, **one (1) transfer** to a future (2027) CSA program is permitted until **October 30, 2026**.

PLEASE NOTE: No registration changes will be allowed after October 30, 2026.

CHECK: Payable to *California Society of Anesthesiologists* and mailed to: One Capitol Mall, Suite 800, Sacramento, CA 95814

CREDIT CARD: I authorize CSA to charge the full amount due. Cancellation and transfer terms as noted above apply.

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

Please send in form via email to Jacob Gray: jgray@amgroup.us | Questions? 916-444-7462

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