

CSA 2026 WINTER ANESTHESIA CONFERENCE

CME REGISTRATION FORM



California Society of ANESTHESIOLOGISTS

REGISTRATION FORM

JAN 219-23, 2026 | GRAND WAILEA, MAUI

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 10/20/2025	Regular	Late/Onsite Begins 12/8/2025
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 in your registration for you daily. If you are interested in having your family join you for other days other days, the cost is \$70 per day. 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/cancellation:

- CANCELLATION:** You may cancel or transfer your registration to another meeting until December 6, 2025. After December 6, 2025, you may cancel with half of your fees returned, or transfer to another meeting. After January 10, 2026 no cancels or transfers will be allowed.
- 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 December 6, 2025 I can transfer my registration to any of our 2026 meetings or cancel for a full refund minus a \$50 processing fee. Any cancellations after December 6, 2025 are transferable to any 2026 program OR able to cancel for half of the fees. After January 10, 2026 no cancels or transfers will be allowed. In the case the program is canceled, 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

Please send in form via email to Jacob Gray: jgray@amgroup.us
 Online registration is available here: <http://www.csa.org/events>