

CSA 2027 WINTER ANESTHESIA CONFERENCE REGISTRATION FORM

Jan 18-22, 2027 | Westin Resort & Spa, Maui



**California Society of
ANESTHESIOLOGISTS**

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

	(CIRCLE ONE)		
	Early Deadline Ends October 16	Regular Rates Start October 17	Late/Onsite After December 18
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 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 POLICY: Cancellations for a full refund (minus \$50 processing fee) are accepted until **December 18, 2026**.

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

PLEASE NOTE: No registration changes will be allowed after December 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: 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