

2025 CSA Annual Meeting and Workshops

APRIL 4-6, 2025

DISNEYLAND HOTEL, ANAHEIM, CA



California Society of
ANESTHESIOLOGISTS

REGISTRATION FORM

ANNUAL ANESTHESIA MEETING: APRIL 4-6, 2025
 CSACOMMITTEE MEETINGS: APRIL 3, 2025
 WORKSHOPS: APRIL 5, 2025
 CSA BOARD MEETING: APRIL 6, 2025

Early Bird Discount until JANUARY 31, 2025
 Regular Registration until MARCH 10, 2025
 Pre-Registration ends on MARCH 24, 2025
 After MARCH 24, 2025 registration available onsite

NAME _____ PROFESSIONAL DESIGNATION(S) _____

COMPANY/FACILITY OR CLINIC NAME _____

ADDRESS (STREET/CITY/STATE/ZIP) _____

EMAIL (REQUIRED) _____ PHONE _____ SUBSPECIALTY _____

EMERGENCY CONTACT NAME AND PHONE NUMBER _____

*ABA # _____ * D.O.B (Month/Day only) _____ *Needed during Registration for Automatic CME Reporting to ABA

WORKSHOPS (BOTH ARE ON SATURDAY AFTERNOON) *Lunch included		(CIRCLE ONE)		
		Postmarked by January 31, 2025	Postmarked by March 10, 2025	Late/Onsite Fees
POCUS WORKSHOP	CSA Member	\$350	\$450	\$500
	Non-CSA Member	\$400	\$525	\$575
REGIONAL WORKSHOP *\$100 FULL registration discount if you attend this workshop and register for a FULL registration	CSA Member	\$250	\$350	\$450
	Non-CSA Member	\$300	\$425	\$525

*If you want to take advantage of this discount, please fill in the form and submit to jgray@amgroup.us

ANNUAL MEETING	(CIRCLE ONE)					
	Both days APRIL 4-6, 2025			SINGLE DAY ONLY*		
	Postmarked by January 31, 2025	Postmarked by March 10, 2025	Late/Onsite Fees	Postmarked by January 31, 2025	Postmarked by March 10, 2025	Late/Onsite Fees
CSA MEMBER	\$595	\$670	\$745	\$300	\$300	\$370
NON-CSA MEMBER <small>Physician Anesthesiologists, Anesthesiologist Assistants, Nurse Anesthetists, Physician Assistants, Registered Nurses</small>	\$745	\$820	\$895	\$375	\$450	\$525
CSA MEMBER STUDENTS/RESIDENTS/FELLOWS	\$295	\$295	\$345	\$125	\$175	\$195
NON-CSA MEMBER STUDENTS/RESIDENTS/FELLOWS	\$395	\$445	\$545	\$165	\$210	\$325
ACTIVE MILITARY MEMBER	\$395	\$445	\$545	\$275	\$300	\$445
RETIRED CSA PHYSICIAN	\$395	\$445	\$545	\$225	\$295	\$445
CSA LIFE MEMBER	\$395	\$445	\$545	\$285	\$300	\$445

Event Total (Fee minus any discounts)\$ _____ *If a one day registration, which day?(Fri or Sat?) _____

Please let us know of any food allergies we need to be aware of: _____

Charge \$ _____ to my (CHECK ONE) MasterCard Visa American Express

Check (U.S. Funds only). Please make check payable to and send to: California Society of Anesthesiologists 1 Capitol Mall, Suite 800, Sacramento, CA 95814

Name as it appears on card: _____ Expiration Date: _____ 3 or 4 digit security code: _____

Card #: _____

Cancellation

I understand if I cancel prior to March 7, 2025 I can transfer my registration to the 2026 CSA Annual meeting or cancel minus a \$50 processing fee. Any cancellations after this date are non refundable but may still be transferred (transferred registrations after March 7 will not be able to be canceled in the future). In the case the program is canceled, you will be given the option to transfer or a full cancellation without a cancellation fee.

Signature: _____

PLEASE CHECK ALL THAT APPLY:

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

Registration questions? Please contact jgray@amgroup.us.