

2026 CSA Annual Meeting and Workshops

APRIL 9-12, 2026

DISNEYLAND HOTEL, ANAHEIM, CA



California Society of
ANESTHESIOLOGISTS

REGISTRATION FORM

ANNUAL ANESTHESIA MEETING: APRIL 10-12,
2026 CSA COMMITTEE MEETINGS: APRIL 9, 2026
WORKSHOPS: APRIL 11, 2026

Early Bird Discount until JANUARY 30, 2026

Regular Registration until MARCH 13, 2026

Pre-Registration ends on MARCH 23, 2026

After MARCH 23, 2026 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 MORNING, DO NOT NEED TO ATTEND FULL MEETING)		(CIRCLE ONE)		
		Register by: JANUARY 30, 2026	Register by: March 13, 2026	Late/Onsite Fees
POCUS WORKSHOP	CSA Member	\$350	\$450	\$575
	Non-CSA Member	\$400	\$600	\$650
REGIONAL WORKSHOP * \$100 FULL registration discount if you attend either workshop and register for a FULL registration	CSA Member	\$250	\$425	\$525
	Non-CSA Member	\$300	\$450	\$600

*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 10-12		SINGLE DAY ONLY*			
Register by: November 21, 2025	Register by: March 13, 2026	Late/Onsite Fees	Register by: November 21, 2025	Register by: March 13, 2026	Late/Onsite Fees	
CSA MEMBER	\$595	\$750	\$825	\$300	\$350	\$425
NON-CSA MEMBER Physician Anesthesiologists, Anesthesiologist Assistants, Nurse Anesthetists, Physician Assistants, Registered Nurses	\$745	\$925	\$1,000	\$375	\$475	\$550
STUDENTS/RESIDENTS/FELLOWS	\$300	\$300	\$350	\$125	\$175	\$195
ACTIVE MILITARY MEMBER	\$395	\$525	\$625	\$275	\$325	\$375
RETired CSA PHYSICIAN	\$395	\$525	\$625	\$225	\$325	\$375
CSA LIFE MEMBER	\$395	\$525	\$625	\$225	\$325	\$375

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: _____

If you need reasonable accommodations to attend, please reach out to the CSA office

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 13, 2026 I can transfer my registration to the 2027 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 13 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.