CSA 2027 SUMMER ANESTHESIA MEETING

REGISTRATION FORM

July 12–16, 2027 | Four Seasons Resort Ko'olina, Oahu

California Society of ANESTHESIOLOGISTS

1. REGISTRATION CATEGORY & FEES

Check the box matching your category and rate tier.

CATEGORY	EARLY Ends Mar 5	REGULAR Starts Mar 6	LATE/ONSITE After Jun 11
CSA Member / Local Hawaii Resident *	☐ $1,150	☐ $1,260	☐ $1,340
Non-CSA Member / AA, CRNA, PA, RN	☐ $1,400	☐ $1,600	☐ $1,700
Resident/Fellow * / Active Military *	☐ $650	☐ $825	☐ $875
CSA Retired Member / CSA Life Member	☐ $650	☐ $825	☐ $875

** Proof verified before your registration is processed. For onsite registration it is required at check-in.*

2. ATTENDEE INFORMATION

FULL NAME

CREDENTIALS (MD, DO, ETC.)

SPECIALTY

EMAIL ADDRESS

CELL PHONE NUMBER

☐ OPT IN FOR PERIODIC TEXT MESSAGES FROM CSA

MAILING ADDRESS

CITY

STATE

ZIP

COUNTRY / PROVINCE

ABA NUMBER

EMPLOYER / INSTITUTION (HOSPITAL, PRACTICE, OR UNIVERSITY — LIST ALL THAT APPLY)

3. HOW DID YOU HEAR ABOUT THIS CONFERENCE?

☐ Returning Attendee ☐ From a Colleague ☐ Social Media

☐ ASA Advertising ☐ CSA Emails ☐ Other

4. EMERGENCY CONTACT & DIETARY NEEDS

EMERGENCY CONTACT NAME

EMERGENCY CONTACT PHONE

RELATIONSHIP TO ATTENDEE

DIETARY RESTRICTIONS / FOOD ALLERGIES

5. GUEST BREAKFAST (OPTIONAL)

Breakfast is included daily for the registrant. Guests may join for **$80 per person, per day** — check each day guests will attend and enter the number of guests.

DAY	ATTENDING	# OF GUESTS
Monday, July 12	☐	
Tuesday, July 13	☐	
Wednesday, July 14	☐	
Thursday, July 15	☐	
Friday, July 16	☐	

TOTAL GUEST MEALS ($80 × NUMBER OF GUEST-DAYS ABOVE)

Include this amount in your Total Amount Enclosed below.

6. PAYMENT INFORMATION

PAYMENT METHOD

○ CHECK ○ MASTERCARD ○ VISA ○ AMERICAN EXPRESS

TOTAL AMOUNT ENCLOSED (USD, INCLUDING GUEST MEALS)

NAME AS IT APPEARS ON CARD

CARD NUMBER

EXPIRATION (MM/YY)

SECURITY CODE

CARDHOLDER SIGNATURE

DATE

I authorize CSA to charge the full amount due to the card above, or enclose payment by check payable to California Society of Anesthesiologists, mailed to One Capitol Mall, Suite 800, Sacramento, CA 95814.

CANCELLATION POLICY

Full refund (minus $50 processing fee) until June 7, 2027.
One (1) transfer to a future 2027/28 CSA Hawaii program permitted until July 2, 2027.
No registration changes allowed after July 2, 2027.

7. OPT-IN & COMMUNICATION PREFERENCES

I consent to sharing my profile and contact information with CSA event partners and exhibitors supporting this event. ☐ *Opt out*

I consent to sharing my information with CSA so I may continue to receive event marketing. ☐ *Opt out*

I consent to sharing my information for future event marketing promoted by CSA. ☐ *Opt out*

ARE YOU AN EU CITIZEN? (GDPR / DATA PRIVACY)

○ YES ○ NOT APPLICABLE

Need reasonable accommodation to participate? Contact the CSA office before the meeting.

Submit this form to Jacob Gray: jgray@amgroup.us | Questions? 916-444-7462 | **Prefer to register online? www.csahq.org/events**