

CCAS PROGRAM

2:40 - 3:00 pm

Afternoon Break with Exhibitors – Anatomy Specimen Station

Session V: Pacemakers and Defibrillators-An Interactive Workshop

Moderator: Steve M. Auden, MD

3:00 - 3:30 pm

Review of Defibrillators and Pacemakers

Naomi J. Kertesz, MD

3:30 - 4:00 pm

Interactive Workshop (Audience Response)

Suanne M. Daves, MD

4:00 - 4:15 pm

Questions and Discussion

4:15 - 4:30 pm

Coffee Break with Exhibitors

4:30-5:00 pm – Session VI: Cardiac Jeopardy

Moderator: Anthony Clapcich, MD

5:00-6:00 pm – Walk Around Poster Discussion Session/Reception

CCAS PROGRAM REGISTRATION

REGISTER ONLINE AT WWW.PEDSANESTHESIA.ORG

If paying by check, please make checks payable to **SPA** and mail to:

2209 Dickens Road, Richmond, VA 23230-2005; Phone: (804) 282-9780; Fax: (804) 282-0090; E-Mail: spa@societyhq.com

PLEASE PRINT OR TYPE

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Last First MI

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Accompanying Person(s) Name(s) _____

	Through 3/15/10	After 3/16/10
<input type="checkbox"/> CCAS Member	\$175	\$225
<input type="checkbox"/> CCAS Non-Member	\$275	\$325
<input type="checkbox"/> Resident/Fellow	\$50	\$75

If applying for Membership, please complete Membership Application (At the back of this brochure), and send with this Registration Form to:

CCAS, 2209 Dickens Road, Richmond, VA 23230-2005 (Credit Card payments may be faxed to 804-282-0090.)

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Signature _____ Printed Name on Card _____

Please note that if you choose to pay by credit card, your statement will reflect a payment to the Society for Pediatric Anesthesia.

Refund Policy: For Workshops, Scientific Meeting and PBLD's, a full refund through 3/15/2010; 50% refund from 3/16 - 3/26/2010; no refunds after 3/26/2010. Refund will be determined by date **written** cancellation is received.

IF YOU DO NOT RECEIVE A CONFIRMATION LETTER FROM THE CCAS WITHIN 30 DAYS OF SUBMITTING YOUR REGISTRATION, PLEASE CALL/EMAIL THE OFFICE TO CONFIRM THAT YOUR REGISTRATION MATERIAL HAS BEEN RECEIVED.