Society for Pediatric Anesthesia

education research patient care

PEDIATRIC ANESTHESIOLOGY 2010

April 15 - 18, 2010 • The Grand Hyatt • San Antonio, Texas

SCIENTIFIC 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

Name_____
Last First MI

Preferred Mailing Address _____

City / State / Zip _____ Email Address_____

Office Phone_____ Home Phone_____ Fax # _____

	Through 3/15/2010	After 3/15/2010	
❒ SPA/AAP Section on Anesthesiology Member	$495	$595	= $_____
❒ Non-Member - US & Canada	$695	$770	= $_____
❒ Non-Member - International	$495	$595	= $_____
❒ Resident/Fellow Member*	$160	$185	= $_____
❒ Resident/Fellow* (Non-Member)	$200	$225	= $_____
❒ Allied Health	$325	$350	= $_____
❒ Nurse Anesthetist	$325	$350	= $_____
❒ Thursday PALS Course *(Incl. lunch & book)*	$250	MUST BE A SPA REGISTRANT TO ATTEND	= $_____
❒ Workshops & Refresher Courses ***(Please enter the total amount from page 12, and return that page with your selections.)***			= $_____
❒ PBL Discussions ***(Please enter the total amount from page 11, and return that page with your selections.)***			= $_____
❒ I'll attend the Friday Reception	No Charge	MUST BE A SPA REGISTRANT TO ATTEND	No Charge
❒ Accompanying Person(s) #_____ @	$35	$50	= $_____
Accompanying Person(s) Name(s);_____			
❒ SPA Educational/Research Fund Donation‡ ($50 is suggested)			= $_____
		Meeting Total:	= $_____

Accompanying Person Fee includes: Entrance to Exhibit Hall, Welcome Reception, and Continental Breakfasts.
‡The SPA is a 501(c) 3 organization and your donations are tax deductible as allowed by law. All voluntary contributions will be acknowledged.
***When accompanied by a letter from Department Chairperson, verifying Resident/Fellow status.

I wish to receive membership information for: ❒ **SPA** ❒ **CCAS** ❒ **AAP**

How did you hear about the meeting? ❒ Website ❒ Printed Program ❒ Postcard Mailing
❒ Word of mouth ❒ ASA Calendar of Meetings ❒ Other _____

If applying for SPA Membership, please complete Membership Application, and send with this Registration Form to:

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

❒ Personal Check ❒ VISA ❒ MasterCard ❒ American Express ❒ Discover

Card No_____Exp. Date _____

Signature _____Printed Name on Card _____

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 SPA WITHIN 30 DAYS OF SUBMITTING YOUR REGISTRATION, PLEASE CALL/EMAIL THE OFFICE TO CONFIRM THAT YOUR REGISTRATION MATERIAL HAS BEEN RECEIVED.