Society for Pediatric Anesthesia
education • research • patient safety

32ND ANNUAL MEETING

October 12, 2018 • Moscone Center West • San Francisco, CA

Online registration is available at www.pedsanesthesia.org.

Scientific Program Registration Form

You MUST complete the Individual Learning Plan on Page 2 as a requirement for meeting registration.

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_____ Degree_____ First Name for Badge _____
Last First MI

Preferred Mailing Address _____

City / State / Zip _____ Email Address* _____

Office Phone_____ Home Phone_____ Fax # _____

Hospital/Institution _____Address _____

City / State / Zip _____ABA# _____

E-mail required for registration confirmation.

Registration fees include continental breakfast, lunch with exhibitors, breaks and one ticket to the evening reception. Additional tickets for the reception may be purchased below.

	Through 8/24/18	After 8/24/18	
❒ SPA Member - US & Canada	$350	$400	= $_____
❒ Non-Member - US & Canada	$475	$525	= $_____
❒ SPA Member - International	$250	$300	
❒ Non-Member - International	$375	$425	= $_____
❒ Resident ❒ Fellow*	$250	$275	= $_____
❒ SPA Member - Retired	$250	$275	= $_____
❒ Allied Health	$275	$325	= $_____
❒ PBLD Discussions	$35	$35	= $_____
Enter your choice of PBLD Table #: First Choice:_____ Second Choice:_____ Third Choice:_____			
❒ Accompanying Person(s) #_____ (Breakfast, lunch and breaks only)	$50	$75	= $_____
Accompanying Person(s) Name(s):_____			
❒ Extra Reception Guest Tickets	$75	$100	= $_____
❒ SPA Patient Safety Education and Research Fund Donation‡ ($50 is suggested)			= $_____
		Meeting Total:	= $_____

‡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.

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_____CVV Code: _____ Exp. Date_____

Signature _____Printed Name on Card _____

Credit Card Billing Address: _____Credit Card Zip Code: _____

Refund Policy: Full refund less $50 administrative fee through August 24, 2018; 50% refund August 25 - September 14, 2018; No refunds after September 14, 2018. Refunds determined by date written cancellation is received.

Hotel/Lodging Information: The Society for Pediatric Anesthesia will have a direct link to a limited block of rooms for Annual Meeting attendees to book accommodations at the Intercontinental Hotel and the Hilton Union Square. More information available at http://www3.pedsanesthesia.org/meetings/2018annual/guide/.

Americans with Disabilities Act: The Society for Pediatric Anesthesia has fully complied with the legal requirements of the ADA and the rules and regulations thereof. If any participant in this educational activity is in need of accessible accommodations, please contact SPA at (804) 282-9780 for assistance.

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

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SPA CME Individual Learning Plan

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Name: _____ Date: _____

1. Do you hope to improve your medical knowledge or clinical skills at the upcoming meeting?
   - ❒ Yes
   - ❒ No

2. What specifically do you want to learn/improve? (List 3 goals)
   a. _____
   _____
   b. _____
   _____
   c. _____
   _____

3. What type of learning sessions do you plan to attend to achieve your goals? (select as many as apply)
   - ❒ panels
   - ❒ lectures
   - ❒ workshops
   - ❒ PBLDs
   - ❒ Other_____

4. How will you incorporate your improved knowledge/skills into your practice? (select as many as apply)
   - ❒ preoperative workups
   - ❒ intraoperative management
   - ❒ postoperative care
   - ❒ safety practices
   - ❒ policies-protocols-forms
   - ❒ Other_____

5. How will you assess if these changes have improved patient care? (select as many as apply)
   - ❒ outcome data
   - ❒ incident reports
   - ❒ QA reviews
   - ❒ patient satisfaction surveys
   - ❒ Other_____