



33rd

Annual Meeting

October 18, 2019 • Hilton Orlando • Orlando, FL

Scientific Program Registration Form – Online registration is available at www.pedsanesthesia.org.

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 8/30/19	After 8/30/19	
<input type="checkbox"/> SPA Member - US & Canada	\$350	\$400	= \$ _____
<input type="checkbox"/> Non-Member - US & Canada	\$475	\$525	= \$ _____
<input type="checkbox"/> SPA Member - International	\$250	\$300	
<input type="checkbox"/> Non-Member - International	\$375	\$425	= \$ _____
<input type="checkbox"/> Resident <input type="checkbox"/> Fellow*	\$250	\$275	= \$ _____
<input type="checkbox"/> SPA Member - Retired	\$250	\$275	= \$ _____
<input type="checkbox"/> Allied Health	\$275	\$325	= \$ _____
<input type="checkbox"/> Video/PowerPoint presentations of General Session Lectures – MEMBER	\$50	\$50	
<input type="checkbox"/> Video/PowerPoint presentations of General Session Lectures – NON-MEMBER	\$100	\$100	
<input type="checkbox"/> PBLD Discussions	\$35	\$35	= \$ _____
Enter your choice of PBLD Table #: First Choice: _____ Second Choice: _____ Third Choice: _____			
<input type="checkbox"/> Accompanying Person(s) # _____ (Breakfast, lunch and breaks only)	\$50	\$75	= \$ _____
Accompanying Person(s) Name(s): _____			
<input type="checkbox"/> Extra Reception Guest Tickets	\$50	\$75	= \$ _____
<input type="checkbox"/> 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 30, 2019; 50% refund August 31 - September 27, 2019; No refunds after September 27, 2019. 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 Hilton Orlando. More information available at <http://www3.pedsanesthesia.org/meetings/2019annual/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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PBLDs

Please mark your first, second and third choices in the lefthand column.

CHOICE	TIME	TITLE
1 • 2 • 3	6:30 AM – 7:40 AM	PBLD 1: Losing Evoked Potentials during Scoliosis Surgery in a Patient with a History of Cerebral Palsy and Egg Anaphylaxis Moderators: Mohamed A. Mahmoud, MD; Michale Ok, MD
1 • 2 • 3	6:30 AM – 7:40 PM	PBLD 2: You Want Me to Intubate What? Airway Management and Ethical Dilemmas in the Neonatal Management of Tracheal Atresia Moderators: Aditee Ambardekar, MD; Ingy Iskander, MD
1 • 2 • 3	6:30 AM – 7:40 AM	PBLD 3: Pediatric Burn Trauma: Challenges in Anesthesia and Pain Management Moderators: Grace Hsu, MD; Jonathan M Tan, MD, MPH, MBI
1 • 2 • 3	6:30 AM – 7:40 AM	PBLD 4: Back to Basics: Anesthesia for Wilm’s Tumor (abdominal masses) ...Anything New? Moderators: Mauricio Arce Villalobos, MD; Graciela Argote-Romero, MD
1 • 2 • 3	6:30 AM – 7:40 AM	PBLD 5: The Case of the Perilous Pocket: A Newborn With a Large Cervical Mass Moderators: Ricardo Falcon, MD; Codruta N. Soneru, MD
1 • 2 • 3	6:30 AM – 7:40 AM	PBLD 6: Are Spinal Anesthetics a “Pain In The Butt” in Neonates or Just the Recipe to Leave Them Comfortably Numb? Moderators: Matthew Green, MD; Kseniya Khmara, MD
1 • 2 • 3	6:30 AM – 7:40 AM	PBLD 7: A Teenage Girl Presents to Your Operating Room for a D&C - What Should You Be Thinking About? Moderators: Pilar E. Castro, MD; Ashka Shah, MD
1 • 2 • 3	6:30 AM – 7:40 AM	PBLD 8: Deadly Reality for Pediatric Anesthesiologists: Managing Gunshot Wounds to the Head and Neck in Young Children Moderators: Rania A. Abbasi, MD; Anne E. Cossu, MD
1 • 2 • 3	6:30 AM – 7:40 AM	PBLD 9: Emergency Anesthetic management of a Patient Diagnosed With Anterior Mediastinal Mass Moderators: Abhijit Biswas, MD; Raju Poolacherla, MD
1 • 2 • 3	6:30 AM – 7:40 AM	PBLD 10: I Got Written Up by the PICU Nurse...It Was Not My Fault. Now What? Moderators: Destiny F. Chau, MD; Meera Gangadharan, MBBS, FAAP
1 • 2 • 3	6:30 AM – 7:40 AM	PBLD 11: Awake for Language Sake: Pediatric Awake Craniotomy Moderators: Nicholas P. Carling, MD; David G. Mann, MD
1 • 2 • 3	6:30 AM – 7:40 AM	PBLD 12: Crisis in the Scanner Moderator: Neal Campbell, MD Laura Levine, MD

Name: _____
Please print

Society for Pediatric Anesthesia



education • research • patient safety

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 _____