



Registration Form

ASCCA 23rd Annual Meeting

Friday, October 15, 2010 • Hilton San Diego Bayfront • San Diego, California

Please print or type.

First Name	MI	Last Name	
Affiliation		Degree(s)	
Mailing Address			
City	State	Country	ZIP/Postal code
Phone		Fax	
E-Mail		ABA#	

Is this your first time attending the ASCCA Annual Meeting?

- Yes No, I have previously attended.

Which best describes your field of anesthesia?

(Please mark all that apply.)

- General Ambulatory Adult Cardiothoracic
 Pediatric Pain Medicine Obstetric/Perinatology
 Critical Care Neurosurgical Other

Which of the following best describes your medical practice environment?

- Academia In Training Private Practice
 Other

Which of the following best describes your professional medical background?

- Resident/Fellow in Anesthesiology/Critical Care
 Internist Anesthesiologist Nurse Practitioner
 Surgeon Other

Registration Fees*

	Early Bird Through Sept. 17	After Sept. 17
<input type="checkbox"/> ASCCA Member (<i>dues must be current</i>)	\$175	\$225
<input type="checkbox"/> Non-ASCCA Member	\$325	\$375
<input type="checkbox"/> Educational Member (Resident or Fellow)	\$50	\$50
<input type="checkbox"/> Medical Student	\$50	\$50
<input type="checkbox"/> Allied Health Professional	\$100	\$125

* Your registration fee covers: Continental breakfast, lunch, break refreshments, Welcome Reception and syllabus.

- I am willing to be a mentor for a Resident/Fellow at the meeting.

Payment Method

- Check (payable to ASCCA in U.S. funds drawn from a U.S. bank) ASCCA Tax ID No. 36-3422600
 Visa MasterCard American Express

Name _____

Card Number _____ Exp. Date _____

Signature _____

Cancellation Policy

In the event of a cancellation, please submit a cancellation request in writing to a.devries@asahq.org. Written cancellation notices will be accepted until October 8, 2010. Your refund, less a \$50 administrative fee, will be sent after the conclusion of the meeting.

Special Needs Statement

- I will require assistance. (Someone from ASCCA will contact you.)
 Please check here for vegetarian meals
 Please check here for kosher meals

How did you hear about this meeting?

- ASCCA Website From Colleague Member
 Email Announcement Previous Meeting Journal Ad

Mail/Fax to:

American Society of Critical Care Anesthesiologists
 520 N. Northwest Highway • Park Ridge, IL 60068-2573
 Phone: (847) 825-5586 • Fax: (847) 825-5658

Questions? Contact the ASCCA administrative office via the contact information above.

Registration is also available online at www.ascca.org