



ANNUAL MEETING ^{29TH}

October 23, 2015 • Manchester Grand Hyatt • San Diego, CA

Online registration at www.pedsanesthesia.org will open soon.

Scientific Program Registration Form

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 # _____

***E-mail required for registration confirmation.**

	Through 9/25/15	After 9/25/15	
<input type="checkbox"/> SPA Member - US & Canada	\$275	\$325	= \$ _____
<input type="checkbox"/> Non-Member - US & Canada	\$400	\$450	= \$ _____
<input type="checkbox"/> SPA Member - International	\$175	\$200	
<input type="checkbox"/> Non-Member - International	\$300	\$350	= \$ _____
<input type="checkbox"/> Resident <input type="checkbox"/> Fellow*	\$175	\$200	= \$ _____
<input type="checkbox"/> SPA Member - Retired	\$175	\$200	
<input type="checkbox"/> Allied Health	\$200	\$250	= \$ _____
<input type="checkbox"/> PBLD Discussions	\$35	\$50	= \$ _____
Enter your choice of PBLD Table # from Page 4 of the program brochure: First Choice: _____ Second Choice: _____ Third Choice: _____			
<input type="checkbox"/> Accompanying Person(s) # _____ @	\$35	\$50	= \$ _____
Accompanying Person(s) Name(s): _____			
<input type="checkbox"/> SPA Patient Safety Education and Research Fund Donation [†] (\$50 is suggested)			= \$ _____
Meeting Total:			= \$ _____

Accompanying Person Fee includes: Entrance to Exhibit Hall, Reception, and Continental Breakfast.

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

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 September 4, 2015; 50% refund September 5 - September 25, 2015; No refunds after September 25, 2015. Refunds determined by date written cancellation is received.

Hotel/Lodging Information: The 29th Annual Meeting will be held at the Manchester Grand Hyatt in San Diego, CA. Hotel reservations must be made through the ASA Housing Bureau. To make hotel reservations online, please visit www.pedsanesthesia.org for a link to the ASA Housing Site.

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.