



30TH ANNUAL MEETING

October 21, 2016 • Sheraton Grand Chicago • Chicago, IL
 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 # _____

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 SPA 30th Anniversary Reception at the Adler Planetarium. Additional tickets for the Reception may be purchased below.

	Through 9/23/16	After 9/23/16	
<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"/> 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)	\$35	\$50	= \$ _____
Accompanying Person(s) Name(s): _____			
<input type="checkbox"/> Extra 30th Anniversary Reception Guest Tickets	\$100	\$125	= \$ _____
<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 September 2, 2016; 50% refund September 3 - September 23, 2016; No refunds after September 23, 2016. Refunds determined by date written cancellation is received.

Hotel/Lodging Information: The 30th Annual Meeting will be held at the Sheraton Grand Chicago in Chicago, IL. 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.

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.