

57th CLINICAL CONFERENCE IN PEDIATRIC ANESTHESIOLOGY

February 8-10, 2019 • Disneyland® Hotel • Anaheim, California

REGISTRATION FORM

One form per registrant. PLEASE PRINT ~ ALL FIELDS ARE REQUIRED

Name _____
Last Name First Name Middle Initial Credentials

Mailing Address _____

City _____ State _____ ZIP _____

Institution _____ City/State _____

Position or Title _____ Specialty _____

Office Phone () _____ Alternate Phone () _____

Fax () _____ Email* _____

*E-mail required for confirmation.

REGISTRATION CANCELLATION INFORMATION

The appropriate registration fee for full or partial attendance must accompany the application. In the event of cancellation, \$50.00 will be retained by the Foundation as an administrative fee. No refunds will be granted after January 9, 2019.

I have read and agree to the Refund Policy below (required for registration confirmation).

FEES

	Through January 8, 2019	Beginning January 9, 2019	
<input type="radio"/> Physicians, CRNAs	\$450	\$550	\$ _____
<input type="radio"/> Fellows/Residents	\$275	\$325	\$ _____
<input type="radio"/> Nurses, Anesthesia Techs	\$275	\$325	\$ _____

**10% group discount rate for Resident/Trainees/SRNAs groups of more than five members from the same facility.

Pre-registration and group payment are required. **Deadline: January 9, 2019**

Enter Group Discount Code Here _____ **TOTAL DUE** \$ _____

PAYMENT INFORMATION

This printable form is for payment by check ONLY. Online registration with credit card payment is available on our website at: www.pediatric-anesthesiology-foundation.com To pay by check, please mail this completed form and your check to the address below.

INFORMATION

For more information please contact Rosie Zesati, MAM, Pediatric Anesthesia Program Manager, by phone (323) 361-5591 or via e-mail zesati@chla.usc.edu.

Make check payable to: **PEDIATRIC ANESTHESIOLOGY FOUNDATION** Tax ID# 23-7013816
 Mail to: Pediatric Anesthesiology Foundation, 4650 Sunset Boulevard, MS #3, Los Angeles, California 90027