VERIFICATION OF PARTICIPATION

29th Annual Meeting & Workshops

April 21 - 25, 2007 • Palais des congrès de Montréal • Montreal, Quebec, Canada

Return to: SCA, 2209 Dickens Road, Richmond, VA 23230-2005 or fax to (804) 282-0090.
Forms MUST be returned no later than June 6, 2007 to receive a CME certificate for this educational offering.

The *Society of Cardiovascular Anesthesiologists (SCA)* maintains records of learner participation for six years. To enable SCA to maintain accurate records of your participation and **TO RECEIVE YOUR CME CERTIFICATE**, you must complete, sign and return this form to the SCA's headquarters office. Your certificate of participation will be mailed to you within 4-6 weeks.

The Society of Cardiovascular Anesthesiologists designates this educational activity for a maximum of 26 ***AMA PRA Category 1 Credit(s)™***. Physicians should only claim credit commensurate with the extent of their participation in the activity.

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS

Last Name: __|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| First Name: __|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Mailing Address: _____

_____

City: _____ State: _____ Country: _____ Zip/Postal Code: _____

Email address: _____Daytime Phone # ( )_____Ext: _____

I wish to claim the following number of credits for the above-captioned SCA *meeting:* **Credits**
I certify that I am claiming the number of hours I actually spent in the educational activity.

_____ _____
Signature of Attendee Date

From the Physician's Recognition Award Information Booklet for CME Providers:
"Certificates for AMA PRA category 1 credit should only be given to physicians. Certificates should be provided after physicians complete the educational activity so they can document participation. Certificates should only be given for the actual credit claimed and earned by the physician."