

VERIFICATION OF PARTICIPATION

29th Annual Meeting & Workshops – PBLDs

Monday April 23, 2007 • Palais des congrès de Montréal • Montreal, Quebec, Canada

- | | |
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| <input type="checkbox"/> TAA Endovascular Stenting and Lumbar CSF Drains: To Drain or Not to Drain?
<input type="checkbox"/> Who's at Risk for SAM after Mitral Valve Repair?
<input type="checkbox"/> Protein C, Von Willebrand, Cold Agglutinins: Blood Disorders that Impact CPB Management
<input type="checkbox"/> Antiplatelet Medications and Surgery: Perioperative Management Issues | <input type="checkbox"/> Ethics: Does This Patient Deserve a Ventricular Assist Device?
<input type="checkbox"/> LVAD and Non-cardiac Surgery: Management Considerations
<input type="checkbox"/> Economics of Fast Tracking: Are Expensive Drugs Necessary?
<input type="checkbox"/> Controversies in Pain Management after Thoracotomy: T-ball, PCA or Thoracic Epidural: Evidence of Superiority? |
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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 1.25 *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."