

15th Annual Update on Cardiopulmonary Bypass

March 21-26, 2010 • Whistler, British Columbia, Canada

MEETING REGISTRATION

Please print or type. Or, register online at www.scahq.org

First Name: _____ Last Name: _____

Address: _____ City: _____ State: ___ Zip+4: _____

Office Phone: _____ Home Phone: _____ Fax: _____

E-mail: _____ Surgeon Anesthesiologist Perfusionist Other _____

Registration fee includes welcome reception, Wednesday night reception, daily continental breakfasts, snacks and electronic syllabus.

	Through January 4, 2010	After January 4, 2010
<input type="checkbox"/> Member (SCA, AATS, STS)	\$550	\$600
<input type="checkbox"/> Member (CSCP)	\$425	\$475
<input type="checkbox"/> Resident/Fellow Member* (SCA, AATS, STS)	\$275	\$325
<input type="checkbox"/> Non-Member (MD, DO, PhD)*	\$750	\$800
<input type="checkbox"/> Non-Member Resident/Fellow/Student	\$375	\$425
<input type="checkbox"/> Non-Member Perfusionist	\$525	\$575
<input type="checkbox"/> CRNA	\$650	\$700
<input type="checkbox"/> RN/Physician Assistant/Other	\$425	\$475
<input type="checkbox"/> Workshop #1: Human Error Reduction (Sunday, 9:00 am – 5:15 pm)	\$250	\$275
<input type="checkbox"/> Workshop #2: Echocardiography (Sunday, 3:00 – 7:00 pm)	\$125	\$150
<input type="checkbox"/> Workshop #3: Team building to Reduce Human Error (Wednesday, 9:45 am – 3:45 pm)	\$270	\$295
Required Information for Workshop #3 Registrants: I am representing (hospital or institution): _____ My other team members are: _____		
<input type="checkbox"/> Guest fee (Adult)^ Number of guests @ \$50: _____	\$ _____	\$ _____
<input type="checkbox"/> Guest fee (children under 13)^ Number of guests @ \$25: _____	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____

Guest Name: _____ Guest Name: _____

Guest Name: _____ Guest Name: _____

* For anesthesiologists, if registration is accompanied by a completed SCA Membership Application and dues payment of \$175, you may register at the member rate.

* When accompanied by a letter from Department Chairperson, verifying Resident/Fellow/Student status.

^ Guest fee allows guest to attend the welcome reception and the Wednesday evening reception. Both receptions include light hors d'oeuvres and two beverage tickets (to be used for beer, wine, soft drinks or bottled water).

Payment Type

Check VISA MasterCard American Express Discover

Printed Name _____ Signature _____

Card #: _____ Exp. Date: _____

Refund Policy

A full refund through January 4, 2010; 80% refund from January 5 through February 26, 2010; no refunds after February 26, 2010. Refunds will be determined by the date cancellation is received in writing at the headquarters office.

Mail or Fax to:

Society of Cardiovascular Anesthesiologists

2209 Dickens Road, Richmond, VA 23230-2005 • Phone (804) 282-0084 • Fax (804) 282-0090 • sca@societyhq.com • www.scahq.org

- If you do not receive a confirmation letter from the SCA within 30 days of submitting your registration, please call the office to confirm that your registration material has been received.
- If purchasing discount lift tickets, you must be a registered guest at The Fairmont Chateau.