

SCA PERIOPERATIVE ULTRASOUND COURSE: HANDS-ON WORKSHOP

FEBRUARY 17, 2019 | LOEWS ATLANTA HOTEL | ATLANTA, GA

Please print. Use a separate form for each registrant.

Complete Name _____ First Name for Badge _____

Credentials _____ ABA Number _____ (format: 1234-5678)

Facility _____ Facility City/State _____

Preferred Address (Home Office) _____ City/State/ZIP _____

Cell Phone _____ Office Phone _____ Fax _____

E-mail* (required) (Home Office) _____

*You will receive an e-mail confirmation of your registration when it has been processed.

Emergency Contact Name _____ Day Phone _____ Evening Phone _____

To register, make your selections in the boxes below, add the subtotals, and indicate the total amount in box D.

REGISTRATION		A
SCA Member Rates		
Hands-On Workshop	<input type="checkbox"/>	\$500
Online Course	<input type="checkbox"/>	\$1,000
Hands-On Workshop + Online Course	<input type="checkbox"/>	\$1,500
Nonmember Rates		
Hands-On Workshop	<input type="checkbox"/>	\$650
Online Course	<input type="checkbox"/>	\$1,300
Hands-On Workshop + Online Course	<input type="checkbox"/>	\$1,950
		Subtotal A \$ _____

MEMBERSHIP		B
<input type="checkbox"/> SCA Only (\$180, please choose one option from the list below)		
Choose one:	<input type="checkbox"/> Active	<input type="checkbox"/> Associate
	<input type="checkbox"/> Resident (\$40)	<input type="checkbox"/> Fellow (\$40)
<input type="checkbox"/> SCA Only + Online A&A Journal (\$225)		
Choose one:	<input type="checkbox"/> Active	<input type="checkbox"/> Associate
	<input type="checkbox"/> Career Scientist	
Please complete the following information:		
Date of Birth (MM/DD/YY)	____ / ____ / ____	
Type of Practice	<input type="checkbox"/> Private	<input type="checkbox"/> University (Academic)
	<input type="checkbox"/> Other	<input type="checkbox"/> University-Affiliated Center
Institution	_____	
Fellows and Residents Only*		
Program End Date (MM/YY)	____ / ____ Program Director _____	
Program Director's E-mail	_____	
*Required		
		Subtotal B \$ _____

If you join the Society, you immediately become eligible for member registration rates.

SPECIAL REQUESTS		C
<input type="checkbox"/>	I require special assistance. Please contact me. (SA)	
<input type="checkbox"/>	I will need a vegetarian meal. (SDV)	
<input type="checkbox"/>	I do not wish to have my name and contact information included in the onsite attendee list. (DIS)	

D	
A + B = \$ _____	Total

ULTRASOUND EXPERIENCE LEVEL		E
Check the box below that best describes your experience and familiarity with perioperative ultrasound. We will use this information to place you in small groups in order to facilitate a hands-on learning experience tailored to your education needs.		
<input type="checkbox"/>	Beginner (0-5 studies performed)	
<input type="checkbox"/>	Intermediate (1-3 studies performed per week)	
<input type="checkbox"/>	Advanced (4+ studies performed per week)	

4 Easy Ways to Register	
Fax* 847.375.6323	Mail
Online* www.scahq.org/PoCUS	SCA
Phone* 855.658.2828 or 847.375.6313	PO Box 3781
<i>*Credit card payment only</i>	Oak Brook, IL 60522

PAYMENT (MUST ACCOMPANY REGISTRATION FORM)	
IF YOU FAX THIS FORM, PLEASE DO NOT MAIL THE ORIGINAL.	
<input type="checkbox"/>	Check
<input type="checkbox"/>	Visa
<input type="checkbox"/>	MasterCard
<input type="checkbox"/>	Discover
<input type="checkbox"/>	American Express
* Checks not in U.S. funds will be returned.	
* A charge of \$20 will apply to checks returned for insufficient funds.	
* If rebilling of a credit card charge is necessary, a \$25 processing fee will be charged.	
* I authorize SCA to charge the credit card listed below amounts reasonably deemed by SCA to be accurate and appropriate.	
Account number	_____
Exp. date	_____
Signature	_____

Media waiver: SCA may take photographs, video, and/or audio of this event for use in SCA news, as well as promotional and educational materials in print, electronic, and other media—including the SCA website. By participating in this event, you grant SCA the right to use any video, image photograph, voice, or likeness—without limitation—in its news, promotional materials, and educational and publicity efforts without compensation. All types of media will become property of SCA.

Personally Identifiable Information: By registering for this event, you agree to the collection, use, and disclosure of Personally Identifiable Information (PII). PII includes any information that identifies you personally (e.g., name, address, e-mail address, phone number, etc.). SCA will use PII to: (a) enable your event registration; (b) review, evaluate, and administer SCA initiatives; (c) market SCA opportunities you may potentially be interested in; and (d) share your PII with third parties that perform services on behalf of SCA, such as database management, event housing, and transportation. SCA may use your PII as long as SCA remains active in conducting any of the above purposes. SCA will not sell your PII.

Cancellation Policy: All cancellations must be made in writing. All registration cancellations and refund requests must be made in writing by January 17, 2019. A refund of the full conference fee, minus a \$100 administrative fee, will be given for cancellations received by that date. No refunds will be granted for requests postmarked after January 17, 2019. SCA reserves the right to substitute faculty or to cancel or reschedule sessions because of low enrollment or other unforeseen circumstances. If SCA must cancel the entire meeting, registrants will receive a full credit or refund of their paid registration fee. No refunds can be made for lodging, airfare, or any other expenses related to attending the meeting.