



# Mid-Atlantic Societies of Anesthesiologists 2017 ANNUAL CONFERENCE

*Keeping Anesthesia Great: Highlights of a Well-Rounded Specialty*

April 22-23, 2017 • Georgetown University School of Medicine  
Washington, DC

*Jointly sponsored by: Virginia Society of Anesthesiologists • Maryland Society of Anesthesiologists • District of Columbia Society of Anesthesiologists*

## REGISTRATION FORM

*One form per registrant. PLEASE PRINT*

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Credentials (MD, DO, PA, RN, NP, DT) \_\_\_\_\_ Specialty \_\_\_\_\_

Affiliation/Business/Organization \_\_\_\_\_

Primary Mailing Address  Home  Work \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Country \_\_\_\_\_ Office Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

*\*Email is required for registration confirmation. Please print clearly for successful email delivery of your confirmation letter.*

Are you a Resident Physician?  Yes  No A Fellow?  Yes  No If yes, end date for your program \_\_\_\_\_

Do you require special assistance because of a disability or do you have any dietary restrictions? If so, please describe \_\_\_\_\_

### Registration Fees Please check appropriate category below.

<input type="checkbox"/> VSA, <input type="checkbox"/> MSA or <input type="checkbox"/> DCSA Member	\$225	\$ _____
<input type="checkbox"/> ASA Member or <input type="checkbox"/> Non-Member	\$350	\$ _____
<input type="checkbox"/> Resident, <input type="checkbox"/> Fellow or <input type="checkbox"/> Medical Student	\$50	\$ _____
<input type="checkbox"/> Allied Health <input type="checkbox"/> Anesthesiologist Assistant	\$100	\$ _____
<input type="checkbox"/> Guest/Spouse Fee (Incl. continental breakfast and Saturday lunch) Guest Name: _____	\$40	\$ _____
<input type="checkbox"/> Saturday Night Reception	NO CHARGE	NO CHARGE \$ _____

### Payment

*Make checks (US currency) payable to: Virginia Society of Anesthesiologists*

Credit Card Payment:  VISA  MasterCard  Discover  AMEX

Credit Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV Security Code\*\* \_\_\_\_\_

Billing Address \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name on Card \_\_\_\_\_

*\*\*CVV code is the three-digit number on the back of VISA, MC or Discover cards or four-digit number on the front of AMEX cards above the card number.*

Refund Policy: Full refund through April 1, 2017; 80% refund through 4/7/17; no refund after 4/7/17. Refunds will be determined by the date the written cancellation is received. All cancellations must be in writing. Contact the VSA headquarters with any questions.

### Please return this form to: Virginia Society of Anesthesiologists

2209 Dickens Road • Richmond, VA 23230-2005 • Phone: (804) 282-0063 • Fax: (804) 282-0090

*If you do not receive a confirmation letter from the VSA office within 30 days of submitting your completed registration form and payment information, please call the VSA office at (804) 282-0063 to confirm that your registration material has been received.*