



Scientific Program Registration

10th Annual Comprehensive Review & Update of Perioperative Echo

February 5-10, 2007

(Please print or type)

Name _____ MD PhD Other _____
Last First MI

Address _____

City, State, Zip _____

Office Phone () _____ Home Phone () _____

Fax () _____ Email _____

Anesthesiologist Cardiologist Surgeon Resident (CA 1, CA 2, CA 3) Other _____

	Basic (February 5-7)		Advanced (February 8-10)	
	(Thru Dec. 4, 2006)	(After Dec 4, 2006)	(Thru Dec 4, 2006)	(After Dec 4, 2006)
<input type="checkbox"/> Member (SCA)	\$750	\$800	\$750	\$800
<input type="checkbox"/> Member (ASE)	\$750	\$800	\$750	\$800
<input type="checkbox"/> Non-Member (MD, DO, PhD)	\$950	\$1,000	\$950	\$1,000
<input type="checkbox"/> Resident/Fellow*	\$550	\$600	\$550	\$600
<input type="checkbox"/> Allied Health	\$850	\$900	\$850	\$900

If attending both the basic and advanced sessions, please add both registration fees and place a total here.

\$ _____ + _____ = \$ _____

→ Total \$ _____

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

Included in the registration fee are:

Basic: Continental Breakfasts, Coffee Breaks, Lunches, Course Syllabus and Wet Lab.

Advanced: Continental Breakfasts, Coffee Breaks, Lunches, and Course Syllabus.

Optional Evening Sessions: Beverages and Snacks.

SCA members only: As a member benefit, SCA will directly forward your CME credits that you earn from this meeting to your own personal Maintenance of Certification in Anesthesiology (MOCA) account at the American Board of Anesthesiology.

ABA #: _____

**Registration Is Limited
Please Register Early**

Check (Made payable to SCA) Credit Card: VISA MasterCard Discover American Express

Card No. _____ Exp. Date _____

Signature _____ Printed Name on Card _____

Refund Policy: A full refund through December 4, 2006; 80% refund from December 5, 2006 through December 19, 2006; no refunds after December 19, 2006. Refunds will be determined by date written cancellation is received.

Americans with Disabilities Act: The Society of Cardiovascular Anesthesiologists has fully complied with the legal requirements of the ADA and the rules and regulations thereof. If any participant in this educational activity is in need of accommodations, please contact SCA at (804) 282-0084 by January 4, 2007 in order to receive service.

Mail or Fax to:
SCA, 2209 Dickens Road, Richmond, VA 23230-2005
Phone (804) 282-0084 • Fax (804) 282-0090

If you do not receive a confirmation letter from the SCA office within 30 days of submitting your registration form, please call the office to confirm that your registration material has been received.