



2019 ANNUAL MEETING

March 14, 2019 • Marriott Marquis • Houston, TX

PROGRAM REGISTRATION

REGISTER ONLINE AT CCASMMG.ORG!

If paying by check, please make checks payable to **SPA** and mail to:

2209 Dickens Road, Richmond, VA 23230-2005; Phone: (804) 282-9780; Fax: (804) 282-0090; E-Mail: ccas@societyhq.com

PLEASE PRINT OR TYPE

Name _____ Degree _____ First Name for Badge _____
Last First MI

Preferred Mailing Address _____

City / State / Zip _____ Email Address* _____

Office Phone _____ Home Phone _____ Fax # _____

Accompanying Person(s) Name(s) _____

***E-mail REQUIRED for registration confirmation.**

	Through 2/7/2019	After 2/7/2019
<input type="checkbox"/> CCAS Member (US/Canada)	\$300	\$350
<input type="checkbox"/> CCAS Non-Member	\$400	\$450
<input type="checkbox"/> Resident <input type="checkbox"/> Fellow	\$75	\$100
<input type="checkbox"/> CCAS International Member	\$250	\$300
<input type="checkbox"/> Allied Health (Perfusionist, CRNA, AA)	\$200	\$250
<input type="checkbox"/> PBLD or Roundtable Choice: #1 _____ #2 _____ <i>Refer to the Mobile Meeting Guide for details. Enter your first and second choices above.</i>	\$25	\$25
<input type="checkbox"/> Advanced Educational Platforms: The Virtual Heart	\$50	\$75
<input type="checkbox"/> Extracorporeal Life Support: VAD Options, Decisions and Management	\$50	\$75
<input type="checkbox"/> Cardiac Morphology Hands-on Workshop	\$50	\$75
<input type="checkbox"/> Perioperative Management of Temporary Pacemakers	\$50	\$75
<input type="checkbox"/> Transesophageal Echocardiography	\$50	\$75
<input type="checkbox"/> Video/PowerPoint of General Session Lectures - MEMBERS	\$50	\$50
<input type="checkbox"/> Video/PowerPoint of General Session Lectures - NON-MEMBERS	\$100	\$100
<input type="checkbox"/> Accompanying person(s) # _____ @ (Includes breakfast and reception)	\$35	\$50
Accompanying person(s) name(s): _____		
<input type="checkbox"/> Donation to CCAS Dolly D. Hansen, MD Educational Fund* (\$50 is suggested) \$ _____		

*CCAS is a Section of SPA. SPA is a 501(c) 3 organization and your donations are tax deductible as allowed by law. All voluntary contributions will be acknowledged.

CCAS, 2209 Dickens Road, Richmond, VA 23230-2005 (Credit Card payments may be faxed to 804-282-0090)

Personal Check VISA MasterCard American Express Discover

Card No _____ CVV Code: _____ Exp. Date _____

Signature _____ Printed Name on Card _____

Credit Card Billing Address: _____ Credit Card Zip Code: _____

Please note that if you choose to pay by credit card, your statement will reflect a payment to the Society for Pediatric Anesthesia.

Refund Policy: A full refund through 2/7/2019; 50% refund from 2/8 - 2/22/2019; no refunds after 2/22/2019. Refunds will be determined by date **written** cancellation is received.

IF YOU DO NOT RECEIVE A CONFIRMATION E-MAIL FROM THE CCAS WITHIN 30 DAYS OF SUBMITTING YOUR REGISTRATION, PLEASE CALL/EMAIL THE OFFICE TO CONFIRM THAT YOUR REGISTRATION MATERIAL HAS BEEN RECEIVED.

REQUIRED



CCAS CME Individual Learning Plan

Name: _____

1. Do you hope to improve your medical knowledge or clinical skills at the upcoming meeting?

- Yes
 No

2. What specifically do you want to learn or improve (List 3 goals)

- a. _____

- b. _____

- c. _____

3. What types of learning sessions do you plan to attend to achieve your goals? (Select as many as apply)

- Panels Lectures
 Workshops PBLDs

Other: _____

4. How will you incorporate your improved knowledge/skills into your practice? (Select as many as apply)

- Preoperative workups Intraoperative Management
 Postoperative care Safety practices
 Policies, protocols, forms

Other: _____

5. How will you assess if these changes have improved patient care? (Select as many as apply)

- Outcome data Incident reports
 QA reviews Patient satisfaction surveys

Other: _____