



Registration Form

Advances in Physiology and Pharmacology in Anesthesia and Critical Care

November 1-4, 2009

Print or type clearly:

Name _____ Degree _____

Name badge to read _____

Last 4 digits of SS # _____ CRNA's AANA# _____
(Required)

Institution _____

Address _____ Home _____
Office _____

City/State/Zip _____

E-mail address _____

Daytime Phone/Fax _____

Registration Fees	By Oct 16	After Oct. 16
Physicians	<input type="radio"/> \$535	<input type="radio"/> \$585
Nurse Anesthetists and Other Medical Professionals	<input type="radio"/> \$485	<input type="radio"/> \$535
Residents and Student Nurse Anesthetists <i>Letter from Program Director Required</i>	<input type="radio"/> \$175	<input type="radio"/> \$200
ACLS Workshop (optional and limited to 40) <i>If APPACC meeting registrant</i>	<input type="radio"/> \$375 <input type="radio"/> \$345	<input type="radio"/> \$400 <input type="radio"/> \$370
Peripheral Neural Blockade Workshop (optional and limited to 40)	<input type="radio"/> \$200	<input type="radio"/> \$250
Total Fee(s) Enclosed	\$ _____	\$ _____

Credit Card # _____

Signature _____ AMEX ___ MC ___ VISA ___

Name on card _____ Exp Date _____

Registration Deadline and Cancellation Deadline: **October 16, 2009**

Make check payable to: **WFU Health Sciences**
Dept of Anesthesiology
Sherri Stockner
Medical Center Boulevard
Winston-Salem, NC 27157-1009