

# Registration

Discounts are available for early registration if received by the date indicated. Registration includes all conference material, Wednesday's Reception, Thursday's Exhibits, Break, Brunch, and Reception, Friday's Breaks and Lunch and Certificates of Completion (Attendance, CASC, nursing CEUs and physician CMEs). Guest registration includes meals and breaks only - sessions are excluded.

All cancellations must be submitted in writing (fax or email) and received by August 1, 2008 to be eligible for refund, less a \$60 processing fee. If received after August 1, a processing fee of \$120 will be assessed. **No refunds will be issued after August 15, 2008.**

**FOR EARLY BIRD  
REGISTRATION,  
PLEASE RETURN  
FORM AND  
PAYMENT BY  
FRIDAY,  
AUGUST 1**

Register online at:  
[www.casurgery.org/sections/register](http://www.casurgery.org/sections/register)

Send registration form and payment to:  
CASA Registration  
PO Box 3811  
Merced, CA 95344

Fax registration to:  
209.723.4100

E-mail:  
[info@casurgery.org](mailto:info@casurgery.org)

## CASA'S 20TH ANNUAL CONFERENCE September 3-5, 2008

PLEASE USE ONE FORM PER REGISTRATION • MAKE CHECKS PAYABLE TO CASA

Please indicate if this is your  1st CASA CONFERENCE  2nd  3rd  4th  5th  6th or more

Name \_\_\_\_\_ Title \_\_\_\_\_

Facility \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

### I am a:

- Nurse  OR Nurse  DON  
 Clinical Director  Nurse Admin.  
 Administrator  Business Office Mgr.  
 Physician  Surgeon  Medical Dir.

Other \_\_\_\_\_

### My ASC is a:

- Single Specialty GI  
 Single Specialty Urology  
 Single Specialty Ophthalmology  
 Orthopedic  
 Single Specialty Pain  
 Single Specialty ENT  
 Single Specialty OB/GYN  
 Single Specialty Plastic  
 Multi-specialty

### CREDIT CARD INFO

- Visa  Mastercard  AmEx

Card #: \_\_\_\_\_

Exp. date: \_\_\_\_\_

Name: \_\_\_\_\_

(as appears on card, please print clearly)

Last 3 digits at signature on back of card \_\_\_\_\_

Signature \_\_\_\_\_

NOTE: Additional person(s) from same facility must attend same single day as first person

### Fees are for the following:

(Please specify what your payment covers)

CASA Member	Rec'd by 8/01/08	Rec'd after 8/01/08
<input type="checkbox"/> Pre-Conference	\$295	\$320
<i>(Pre-conference requires separate registration fee)</i>		
<input type="checkbox"/> General Conference - 1st person	\$445	\$470
<input type="checkbox"/> Additional persons from the same facility, discounted fee	\$345	\$370
<input type="checkbox"/> Thursday Only	\$250	\$275
<input type="checkbox"/> Friday Only	\$250	\$275
<input type="checkbox"/> Spouse/Guest	\$225	\$225

Non-Member	Rec'd by 8/01/08	Rec'd after 8/01/08
<input type="checkbox"/> Pre-Conference	\$395	\$420
<i>(Pre-conference requires separate registration fee)</i>		
<input type="checkbox"/> General Conference - 1st person	\$495	\$545
<input type="checkbox"/> Additional persons from the same facility, discounted fee	\$395	\$445
<input type="checkbox"/> Thursday Only	\$300	\$300
<input type="checkbox"/> Friday Only	\$300	\$300
<input type="checkbox"/> Spouse/Guest	\$225	\$225

TOTAL DUE \_\_\_\_\_

Spouse/Guest Name \_\_\_\_\_

- Check here if you will require special ADA accommodations to fully participate in this seminar. You will be contacted for specifics.  
 Check here if you have any dietary restrictions. Please describe briefly: \_\_\_\_\_

By registering for the CASA conference, CASA has my permission to use my photo taken at sessions, socials, etc. to be used in future CASA promotions.

- I do not consent to CASA using my photo.

CASA also has my permission to provide my email address on the list of event attendees.

- I do not consent to allow CASA to publish my email as described above.

### FOR OFFICE USE ONLY

Member/Non-Member Date Received: \_\_\_\_\_ Check#: \_\_\_\_\_ Amount: \_\_\_\_\_ Batch #: \_\_\_\_\_