



The Ohio Society of Anesthesiologists

September 24-26, 2010

REGISTRATION DEADLINE IS SEPTEMBER 13, 2010

FEES

- \$150 - OSA Active & Affiliate Members
- \$35 - Resident & Retired Members
- \$350 - Non-Member Physicians
- \$175 - CRNA, PACU, AA, CRNA Student
- No Charge-Annual Meeting Faculty
- No Charge-Annual Meeting Medical Student

Membership Status

- Active
- Affiliate
- Retired
- Resident

Non-Member Affiliation

- Physician
- AA
- CRNA
- PACU RN
- PACU
- Other
- Student (Type: _____)

Please Print

Name (First, MI, Last)

Degree

Address

City/State/Zip

Phone

Specialty

Fax No

E-mail address **(Required)**

Method of Payment

Credit Card Payees: Register on-line or fax form to OSA

Check - Make checks payable to OSA (include workshop fee if applicable)

Visa Card Number: _____

Expiration Date: _____

Special Needs

I request a vegetarian lunch

Other, please list: _____

Total amount enclosed/to be charged \$ _____

Signature (not valid without signature) - **REQUIRED**

WORKSHOP - Pre-Registration Required

Saturday Afternoon 2:00 - 5:00 pm

Workshop: Ultrasound Guided Regional Anesthesia (Registration Fee \$100. Limit 35)

Mail check and registration form by September 13, 2010 to : OSA * 3757 Indianola Ave * Columbus, OH 43214

Phone: 614/784-9721

Fax: 614/784-9771