



The Ohio Society of Anesthesiologists

September 18-20, 2009

REGISTRATION DEADLINE IS SEPTEMBER 10, 2009

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

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**

WORKSHOPS - Pre-Registration Required

Saturday Afternoon 2:00 - 5:30 pm

- Workshop 1: Airway with High Fidelity Simulation (Registration Fee \$75. Limit 30)
- Workshop 2: Ultra Sound for Regional and Vascular Access (Registration Fee \$100. Limit 30)
- Workshop 3: TEE

Mail check and registration form by Sept.8th to : OSA * 3757 Indianola Ave * Columbus, OH 43214

Phone: 614/784-9721

Fax: 614/784-9771