



# Registration Form - Anesthesia 2015

2015R590

**March 4 - 7, 2015 Fairmont Scottsdale Princess—Scottsdale, Arizona**

Mail form and payment to:

Mayo School of Continuous Professional Development  
Plummer 2-60  
200 First Street SW  
Rochester, MN 55905

Phone 800-323-2688 or 507-284-2509  
FAX 507-284-0532  
Email [cme@mayo.edu](mailto:cme@mayo.edu)  
Website [www.mayo.edu/cme](http://www.mayo.edu/cme)

**Paying by credit card? Register online at: <http://www.mayo.edu/cme/anesthesiology-2015r590>**

**Contact Information** (Print or type all information. You may duplicate this form for multiple registrations.)

Registrant Name (First, Middle, Last)		Degree (check all that apply) <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PhD <input type="checkbox"/> CRNA <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> RN <input type="checkbox"/> Other (specify) _____	
Institution Name		Medical Specialty	
Preferred Mailing Address (check one) <input type="checkbox"/> Work/Business <input type="checkbox"/> Home			
Work/Business Street Address		Work Phone (include all country/city area codes and complete phone number)	
City	State or Province	ZIP or Postal Code	Country
Home Street Address		Home Phone (include all country/city area codes and complete phone number)	
City	State or Province	ZIP or Postal Code	Country
Email	Fax (include all country/city area codes and complete phone number)		Fax Location <input type="checkbox"/> Work/Business <input type="checkbox"/> Home
If you have <b>special assistance needs</b> or dietary restrictions, describe here:			

## Registration Fees

<b>Course Only Registration Fee:</b> <input type="checkbox"/> Physicians/Scientists \$775 <input type="checkbox"/> CRNA, Allied Health, Residents, Students, Technicians \$675 <b>4-Day Course Registration (Wednesday - Saturday) Plus Simulation Course (Tuesday)</b> <input type="checkbox"/> Physicians/Scientists \$ 2075 <b>3-Day Course Registration (Wednesday - Friday) Plus Simulation Course (Saturday)</b> <input type="checkbox"/> Physicians/Scientists \$ 1955 <b>Choose one optional afternoon session per day:</b> Wednesday <input type="checkbox"/> Master Class Thursday <input type="checkbox"/> Master Class Total Amount Due (Course plus Optional Workshop Fees) Make check payable to Mayo Clinic \$
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