

Advance Registration Form must be received by December 1st. After that date, all registrations must be processed on-site at the New York Marriott Marquis between Thursday, December 11th and Tuesday, December 16th at the on-site registration rate. PERSONS WISHING TO ACCESS PGA EVENTS AND FACILITIES MUST BE REGISTERED AND DISPLAY THEIR PGA BADGE AT ALL TIMES.

SECTION 1 Please type or print clearly:

Degree (only check one):

- MD DO PhD CRNA
 RN Other _____

FIRST NAME		MIDDLE INITIAL		FAMILY (SURNAME)	
HOME ADDRESS			CITY	STATE	ZIP COUNTRY
HOSPITAL AFFILIATION			HOSPITAL ADDRESS		
CITY		STATE	ZIP	COUNTRY	
TELEPHONE		FAX NUMBER	E-MAIL		

-  Please check here if you have a disability that requires special services to attend this conference. Attach a detailed description of needs.

SECTION 2 For NYSSA Members ONLY: *Registration fee is pre-paid with dues*

- Active NYSSA Member (District # _____) Affiliate NYSSA Member (District # _____)
 Resident NYSSA Member (District # _____) Retired NYSSA Member (District # _____)

SECTION 3 I am participating in the program as a: Guest Speaker Scientific Exhibitor Primary Poster Presenter

SECTION 4 **Registration Fees (Payable in US Funds)** — You must register in the category of your highest educational degree.

If your medical category is not listed below, please contact us. **Guest speakers are not required to pay a registration fee.**

	Fees:	Until Nov. 1	Nov. 2–Dec. 1	On-site Fees
<input type="checkbox"/> Active Non-Member (M.D., M.B., D.O., D.D.S.)		<input type="checkbox"/> \$695	<input type="checkbox"/> \$710	\$775
<input type="checkbox"/> Affiliate Non-Member (M.D., M.B., D.O., D.D.S.)		<input type="checkbox"/> \$695	<input type="checkbox"/> \$710	\$775
<input type="checkbox"/> Resident Non-Member (M.D., M.B., D.O., D.D.S.)		<input type="checkbox"/> \$200	<input type="checkbox"/> \$200	\$200
(Written verification of Resident status from the Chief of Training must accompany this form.)				
<input type="checkbox"/> Retired Non-Member		<input type="checkbox"/> \$300	<input type="checkbox"/> \$300	\$775
(You must provide a letter of verification from your component society or a copy of your current ASA Retired Membership card.)				
<input type="checkbox"/> Physician Assistant/Anesthesiology Assistant/Perfusionist		<input type="checkbox"/> \$350	<input type="checkbox"/> \$350	\$350
(Physicians are not eligible to register in this category)				
<input type="checkbox"/> CRNA (Registration # _____)		<input type="checkbox"/> \$695	<input type="checkbox"/> \$710	\$775
<input type="checkbox"/> Student CRNA		<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	\$150
<input type="checkbox"/> Registered Nurse (CRNAs not eligible for this category)		<input type="checkbox"/> \$ 80	<input type="checkbox"/> \$ 80	\$ 80
<input type="checkbox"/> Graduate Respiratory Therapist		<input type="checkbox"/> \$ 80	<input type="checkbox"/> \$ 80	\$ 80
<input type="checkbox"/> BioMedical Engineer		<input type="checkbox"/> \$ 80	<input type="checkbox"/> \$ 80	\$ 80
<input type="checkbox"/> Anesthesia Office Personnel (non-medical)		<input type="checkbox"/> \$ 50	<input type="checkbox"/> \$ 50	\$ 50

Sub-Total for Registration \$ _____

(Please carry this sub-total over to the GRAND TOTAL)

SECTION 5 **Registration Fee Not Required for the following categories. Photocopy of I.D. must accompany registration for:**

- Anesthesia Technician Medical Student Student RN Student RT Student BioMedical Engineer **ONLY**

- Non-Medical Guests of Physicians & CRNAs
(Eligibility limited to non-medical spouse and their children, and permits access to exhibit halls ONLY — not to Scientific Sessions.)

GUEST NAME

GUEST NAME

GUEST NAME

Optional Sessions — Special Offer: Buy any combination of 3 Mini Workshop or PBLD tickets & receive 1 complimentary ticket

- To be eligible to attend these sessions, you must register for the PGA.
- We recommend that you register in advance, as space is limited.
- Indicate the order of your preference in the box under each section by ranking your choices: 1, 2, 3, etc. (If your first choice is unavailable, an alternate selection will be assigned.)
- Tickets are non-transferable. Refunds are made in accordance with PGA policy.
- Fees:** Please check all appropriate boxes and tally the sub-totals in each of the following sections.

Mini Workshop (See pages 4-15. Mark selections here, and total fees in Section 6)

Fri., Dec. 12		Sat., Dec. 13		Sun., Dec. 14		Mon., Dec. 15	Tues., Dec. 16	
07:45	11:45	07:45	11:45	07:45	12:00	11:45	07:45	11:45
<input type="checkbox"/> M-01	<input type="checkbox"/> M-05	<input type="checkbox"/> M-09	<input type="checkbox"/> M-13	<input type="checkbox"/> M-17	<input type="checkbox"/> M-21	<input type="checkbox"/> M-25	<input type="checkbox"/> M-28	<input type="checkbox"/> M-31
<input type="checkbox"/> M-02	<input type="checkbox"/> M-06	<input type="checkbox"/> M-10	<input type="checkbox"/> M-14	<input type="checkbox"/> M-18	<input type="checkbox"/> M-22	<input type="checkbox"/> M-26	<input type="checkbox"/> M-29	<input type="checkbox"/> M-32
<input type="checkbox"/> M-03	<input type="checkbox"/> M-07	<input type="checkbox"/> M-11	<input type="checkbox"/> M-15	<input type="checkbox"/> M-19	<input type="checkbox"/> M-23	<input type="checkbox"/> M-27	<input type="checkbox"/> M-30	<input type="checkbox"/> M-33
<input type="checkbox"/> M-04	<input type="checkbox"/> M-08	<input type="checkbox"/> M-12	<input type="checkbox"/> M-16	<input type="checkbox"/> M-20	<input type="checkbox"/> M-24			

Problem-Based Learning Discussions (PBLD) (See pages 4-15. Mark selections here, and total fees in Section 7)

Fri., Dec. 12		Sat., Dec. 13		Sun., Dec. 14		Mon., Dec. 15		Tues., Dec. 16
11:45	15:45	11:45	15:45	12:00	15:45	11:45	15:45	11:45
<input type="checkbox"/> PBLD-01	<input type="checkbox"/> PBLD-09	<input type="checkbox"/> PBLD-17	<input type="checkbox"/> PBLD-25	<input type="checkbox"/> PBLD-33	<input type="checkbox"/> PBLD-41	<input type="checkbox"/> PBLD-49	<input type="checkbox"/> PBLD-57	<input type="checkbox"/> PBLD-65
<input type="checkbox"/> PBLD-02	<input type="checkbox"/> PBLD-10	<input type="checkbox"/> PBLD-18	<input type="checkbox"/> PBLD-26	<input type="checkbox"/> PBLD-34	<input type="checkbox"/> PBLD-42	<input type="checkbox"/> PBLD-50	<input type="checkbox"/> PBLD-58	<input type="checkbox"/> PBLD-66
<input type="checkbox"/> PBLD-03	<input type="checkbox"/> PBLD-11	<input type="checkbox"/> PBLD-19	<input type="checkbox"/> PBLD-27	<input type="checkbox"/> PBLD-35	<input type="checkbox"/> PBLD-43	<input type="checkbox"/> PBLD-51	<input type="checkbox"/> PBLD-59	<input type="checkbox"/> PBLD-67
<input type="checkbox"/> PBLD-04	<input type="checkbox"/> PBLD-12	<input type="checkbox"/> PBLD-20	<input type="checkbox"/> PBLD-28	<input type="checkbox"/> PBLD-36	<input type="checkbox"/> PBLD-44	<input type="checkbox"/> PBLD-52	<input type="checkbox"/> PBLD-60	<input type="checkbox"/> PBLD-68
<input type="checkbox"/> PBLD-05	<input type="checkbox"/> PBLD-13	<input type="checkbox"/> PBLD-21	<input type="checkbox"/> PBLD-29	<input type="checkbox"/> PBLD-37	<input type="checkbox"/> PBLD-45	<input type="checkbox"/> PBLD-53	<input type="checkbox"/> PBLD-61	<input type="checkbox"/> PBLD-69
<input type="checkbox"/> PBLD-06	<input type="checkbox"/> PBLD-14	<input type="checkbox"/> PBLD-22	<input type="checkbox"/> PBLD-30	<input type="checkbox"/> PBLD-38	<input type="checkbox"/> PBLD-46	<input type="checkbox"/> PBLD-54	<input type="checkbox"/> PBLD-62	<input type="checkbox"/> PBLD-70
<input type="checkbox"/> PBLD-07	<input type="checkbox"/> PBLD-15	<input type="checkbox"/> PBLD-23	<input type="checkbox"/> PBLD-31	<input type="checkbox"/> PBLD-39	<input type="checkbox"/> PBLD-47	<input type="checkbox"/> PBLD-55	<input type="checkbox"/> PBLD-63	<input type="checkbox"/> PBLD-71
<input type="checkbox"/> PBLD-08	<input type="checkbox"/> PBLD-16	<input type="checkbox"/> PBLD-24	<input type="checkbox"/> PBLD-32	<input type="checkbox"/> PBLD-40	<input type="checkbox"/> PBLD-48	<input type="checkbox"/> PBLD-56	<input type="checkbox"/> PBLD-64	<input type="checkbox"/> PBLD-72

Thoracic Symposium Workshops (See pages 4-15. Mark selections here, and total fees in Section 8)

Thoracic Symposium	Fri., Dec. 12	Sat., Dec. 13	Sun., Dec. 14	Mon., Dec. 15	Tues., Dec. 16
Thurs., Dec. 11 08:00-17:00	07:00-17:30	07:30-17:00	07:30-17:00	08:00-11:00	08:00-11:00
<input type="checkbox"/> TS	<input type="checkbox"/> W-01	<input type="checkbox"/> W-05	<input type="checkbox"/> W-09	<input type="checkbox"/> W-13	<input type="checkbox"/> W-17
Fri., Dec. 12 08:00-11:00	08:00-11:00	08:00-11:00	08:00-11:00	<input type="checkbox"/> W-14	<input type="checkbox"/> W-19
	<input type="checkbox"/> W-02	<input type="checkbox"/> W-06	<input type="checkbox"/> W-10	<input type="checkbox"/> W-15	
	08:00-11:00	09:00-17:00	08:00-15:00		12:00-15:00
	<input type="checkbox"/> W-03	<input type="checkbox"/> W-07	<input type="checkbox"/> W-11		<input type="checkbox"/> W-20
	12:00-15:00	12:00-15:00	12:00-15:00	12:00-15:00	<input type="checkbox"/> W-21
	<input type="checkbox"/> W-04	<input type="checkbox"/> W-08	<input type="checkbox"/> W-12	<input type="checkbox"/> W-16	
				<input type="checkbox"/> W-17	

Registration Fees

Please enter the total \$ amount from Section 4 on the reverse side of this form:

Sub-Total for Section 4 \$ _____

SECTION 6 Mini Workshop Fees

<input type="checkbox"/> Friday morning (M-01 - M-04)	(\$25)	\$ _____
<input type="checkbox"/> Friday mid-day (M-05 - M-08)	(\$25)	\$ _____
<input type="checkbox"/> Saturday morning (M-09 - M-12)	(\$25)	\$ _____
<input type="checkbox"/> Saturday mid-day (M-13 - M-16)	(\$25)	\$ _____
<input type="checkbox"/> Sunday morning (M-17 - M-20)	(\$25)	\$ _____
<input type="checkbox"/> Sunday mid-day (M-21 - M-24)	(\$25)	\$ _____
<input type="checkbox"/> Monday mid-day (M-25 - M-27)	(\$25)	\$ _____
<input type="checkbox"/> Tuesday morning (M-28 - M-30)	(\$25)	\$ _____
<input type="checkbox"/> Tuesday mid-day (M-31 - M-33)	(\$25)	\$ _____

Sub-Total for Section 6 \$ _____

SECTION 7 PBLD Fees

<input type="checkbox"/> Friday morning (PBLD-01 - PBLD-08)	(\$25)	\$ _____
<input type="checkbox"/> Friday afternoon (PBLD-09 - PBLD-16)	(\$25)	\$ _____
<input type="checkbox"/> Saturday morning (PBLD-17 - PBLD-24)	(\$25)	\$ _____
<input type="checkbox"/> Saturday afternoon (PBLD-25 - PBLD-32)	(\$25)	\$ _____
<input type="checkbox"/> Sunday morning (PBLD-33 - PBLD-40)	(\$25)	\$ _____
<input type="checkbox"/> Sunday afternoon (PBLD-41 - PBLD-48)	(\$25)	\$ _____
<input type="checkbox"/> Monday morning (PBLD-49 - PBLD-56)	(\$25)	\$ _____
<input type="checkbox"/> Monday afternoon (PBLD-57 - PBLD-64)	(\$25)	\$ _____
<input type="checkbox"/> Tuesday morning (PBLD-65 - PBLD-72)	(\$25)	\$ _____

Sub-Total for Section 7 \$ _____

SECTION 8 Workshop Fees

<input type="checkbox"/> Friday morning (W-01 is \$350; W-02 and W-03 are \$150)	\$ _____
<input type="checkbox"/> Friday afternoon (W-04 is \$150)	\$ _____
<input type="checkbox"/> Saturday morning (W-05 is \$500; W-06 is \$150; W-07 is \$350)	\$ _____
<input type="checkbox"/> Saturday afternoon (W-08 is \$150)	\$ _____
<input type="checkbox"/> Sunday morning (W-09 is \$500; W-10 is \$150; W-11 is \$350)	\$ _____
<input type="checkbox"/> Sunday afternoon (W-12 is \$150)	\$ _____
<input type="checkbox"/> Monday morning (W-13; W-14 and W-15 are \$150 each)	\$ _____
<input type="checkbox"/> Monday afternoon (W-16 and W-17 are \$150 each)	\$ _____
<input type="checkbox"/> Tuesday morning (W-18 and W-19 are \$150 each)	\$ _____
<input type="checkbox"/> Tuesday afternoon (W-20 and W-21 are \$150 each)	\$ _____

Sub-Total for Section 8 \$ _____

SECTION 9 Hospital Visit Fee (See page 15 for more info)

Thursday, December 11, 2014 - \$125 per person (indicate hospital names)

1st Choice _____

2nd Choice _____

3rd Choice _____

Sub-Total for Section 9 \$ _____

SECTION 10 Thoracic Symposium (\$350) **Sub-Total for Section 10** \$ _____

Please add Sub-Totals from Sections 5 through 9 **GRAND TOTAL** \$ _____

(please add \$25 for wire transfers)

Make checks payable to:

NYSSA, Inc., 110 East 40th Street, Suite 300, New York, NY 10016 USA

Advance Registration forms with incomplete information, or incorrect fees, will be returned unprocessed. You may register online at: www.nyssa-pga.org

I am aware of the refund policy as appears on page 3 of the PGA Brochure.

Please charge my credit card: MasterCard Visa American Express

Credit Card # _____

Expiration Date: MONTH DAY YEAR

Name of Card Holder _____

Signature _____