


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 Friday, December 11th and Tuesday, December 15th 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
<i>(Written verification of Resident status from the Chief of Training must accompany this form.)</i>				
<input type="checkbox"/> Retired Non-Member		<input type="checkbox"/> \$300	<input type="checkbox"/> \$300	\$775
<i>(You must provide a letter of verification from your component society or a copy of your current ASA Retired Membership card.)</i>				
<input type="checkbox"/> Physician Assistant/Anesthesiology Assistant/Perfusionist		<input type="checkbox"/> \$350	<input type="checkbox"/> \$350	\$350
<i>(Physicians are not eligible to register in this category)</i>				
<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.
- 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.)
- We recommend that you register in advance, as space is limited.
- 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 (Mark selections here, and total fees in Section 6)

Fri., Dec. 11		Sat., Dec. 12		Sun., Dec. 13		Mon., Dec. 14		Tues., Dec. 15	
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-26	<input type="checkbox"/> M-29	<input type="checkbox"/> M-32	
<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-27	<input type="checkbox"/> M-30	<input type="checkbox"/> M-33	
<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-28	<input type="checkbox"/> M-31	<input type="checkbox"/> M-34	
<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				
					<input type="checkbox"/> M-25				

Problem-Based Learning Discussions (PBLD) (Mark selections here, and total fees in Section 7)

Fri., Dec. 11		Sat., Dec. 12		Sun., Dec. 13		Mon., Dec. 14		Tues., Dec. 15	
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

Thurs., Dec. 10
08:00-17:00 TS
Fri., Dec. 11
08:00-11:00

Workshops (Mark selections here, and total fees in Section 8)

Fri., Dec. 11	Sat., Dec. 12	Sun., Dec. 13	Mon., Dec. 14	Tues., Dec. 15
08:00-11:00 <input type="checkbox"/> W-01	07:30-17:00 <input type="checkbox"/> W-05	07:30-17:00 <input type="checkbox"/> W-10	07:30-10:30 <input type="checkbox"/> W-14	08:00-11:00 <input type="checkbox"/> W-19
08:00-11:00 <input type="checkbox"/> W-02	08:00-11:00 <input type="checkbox"/> W-06	08:00-11:00 <input type="checkbox"/> W-11	08:00-11:00 <input type="checkbox"/> W-15	08:00-11:00 <input type="checkbox"/> W-20
12:00-15:00 <input type="checkbox"/> W-03	08:00-11:00 <input type="checkbox"/> W-07	08:00-15:00 <input type="checkbox"/> W-12	08:00-11:00 <input type="checkbox"/> W-16	12:00-15:00 <input type="checkbox"/> W-21
12:00-15:00 <input type="checkbox"/> W-04	09:00-17:00 <input type="checkbox"/> W-08	12:00-15:00 <input type="checkbox"/> W-13	12:00-15:00 <input type="checkbox"/> W-17	
	12:00-15:00 <input type="checkbox"/> W-09		12:00-15:00 <input type="checkbox"/> W-18	

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-25)	(\$25)	\$ _____
<input type="checkbox"/> Monday mid-day (M-26 - M-28)	(\$25)	\$ _____
<input type="checkbox"/> Tuesday morning (M-29 - M-31)	(\$25)	\$ _____
<input type="checkbox"/> Tuesday mid-day (M-32 - M-34)	(\$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 and W-02 are \$150 each)	\$ _____
<input type="checkbox"/> Friday afternoon (W-03 and W-04 are \$150 each)	\$ _____
<input type="checkbox"/> Saturday morning (W-05 is \$500; W-06; W-07 are \$150 each; W-08 is \$350)	\$ _____
<input type="checkbox"/> Saturday afternoon (W-09 is \$150)	\$ _____
<input type="checkbox"/> Sunday morning (W-10 is \$500; W-11 is \$150; W-12 is \$350)	\$ _____
<input type="checkbox"/> Sunday afternoon (W-13 is \$150)	\$ _____
<input type="checkbox"/> Monday morning (W-14; W-15 and W-16 are \$150 each)	\$ _____
<input type="checkbox"/> Monday afternoon (W-17 and W-18 are \$150 each)	\$ _____
<input type="checkbox"/> Tuesday morning (W-19 and W-20 are \$150 each)	\$ _____
<input type="checkbox"/> Tuesday afternoon (W-21 is \$150)	\$ _____

Sub-Total for Section 8 \$ _____

SECTION 9 Hospital Visit Fee

Thursday, December 10, 2015 - \$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 5 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 _____