

# 62<sup>ND</sup> ANNUAL POSTGRADUATE SYMPOSIUM ON ANESTHESIOLOGY

Fri.–Sun., April 13–15, 2012 • InterContinental Kansas City at the Plaza • Kansas City, Mo.

**1**

**Please Print**

Full name (First, MI, Last, Suffix) \_\_\_\_\_

Send my confirmation and receipt to this e-mail address:

E-mail \_\_\_\_\_ Job title \_\_\_\_\_

Priority code (Please copy this code located above your name on the mailing label.) \_\_\_\_\_

Credentials \_\_\_\_\_ Specialty \_\_\_\_\_

AANA license # \_\_\_\_\_

Institution or firm \_\_\_\_\_

Address ( Home or  Work) \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Daytime phone (\_\_\_\_\_) \_\_\_\_\_ Evening phone (in case of last minute event changes) (\_\_\_\_\_) \_\_\_\_\_

Please include my information on the participant roster.  Please do not include my information on the participant roster.

**2**

**Fees**

**Symposium • Friday–Sunday, April 13–15, 2012**

**By Mar. 16    After Mar. 16**

<input type="checkbox"/> Physician .....	\$465 .....	\$495
<input type="checkbox"/> Nurse Anesthetist.....	\$410.....	\$440
<input type="checkbox"/> Other Healthcare Professional.....	\$410.....	\$440
<input type="checkbox"/> Resident (with written verification).....	\$135.....	\$165
<input type="checkbox"/> Student (with written verification).....	\$135.....	\$165
<input type="checkbox"/> KU Physician Faculty or Staff (50% or greater employment).....	\$355.....	\$385
<input type="checkbox"/> KU Nurse Anesthetist Faculty or Staff (50% or greater employment).....	\$355.....	\$385
<input type="checkbox"/> KU Other Healthcare Professional Faculty or Staff (50% or greater employment) .....	\$355.....	\$385
<input type="checkbox"/> Saturday Pain Management break out session ONLY.....	\$150.....	\$150

**Total due \$** \_\_\_\_\_

**3**

**Payment**

Check enclosed, **payable to KU Medical Center.**

MasterCard     VISA (no other cards accepted)

Card # \_\_\_\_\_ Exp. \_\_\_\_\_

Name on card (print) \_\_\_\_\_

Cardholder's phone # \_\_\_\_\_

**4**

**Easy Ways to Register**

**Mail** Complete the registration form and mail with payment to:  
The University of Kansas Continuing Education Registrations  
1515 Saint Andrews Drive  
Lawrence, Kansas 66047-1619

**Phone** Toll-free 877-404-5823  
or 785-864-5823

**Fax** 785-864-4871 • **TDD** 800-766-3777

**Web** www.ContinuingEd.ku.edu

**5**

**Preferred Means of Communication**

Please continue to send KUCE information by (check all that apply):

Mail     E-mail     Fax

Please remove my name from the mailing list.



**Special Accommodation**

If you will need special accommodation, please mark the box above, and a member of the Continuing Education staff will contact you.  
CM122006/JCN120032