

Registration Form

*Denotes a required field

ABA # _____

* Dr. Mr. Mrs. Ms.

SOAP Member ID # _____

ASA Member ID # _____

*Badge Name (first name to appear on the first line of the badge)

*First Name

MI

*Last Name

*Degree(s)

*Specialty

*Affiliation (Organization)

*Mailing Address

*City

*State/Province

*ZIP/ Postal Code

*Country

*Business Phone Number

Mobile Phone Number

Fax Number

*Email

Twitter Handle

***Is this your first time attending the SOAP Annual Meeting?**

Yes No

***Which of the following best describes your medical practice environment?**

(Please select one)

- Academia Private Practice
 Consulting Large Group Practice
 Retired Hospital-based
 Other _____

Special Needs

- I will require special accommodations (also contact the SOAP Administrative Office at info@soap.org or 414-389-8611) to provide details of your needs
 Please check here for vegetarian meals
 Please check here for kosher meals
 Please check here for gluten-free meals

***How did you hear about this meeting?**
(Please select one)

- From Colleague Email Announcement
 Journal Ad
 SOAP Member
 Another Society's Website/Newsletter
 Other: _____

Registration Fees (Please see page two and three for details and pricing.)

Total from Page 2 \$ _____

Total from Page 4 \$ _____

Grand Total \$ _____

Cancellation Policy

Cancellations received in writing through April 19, 2019 will be refunded less a \$100 administrative fee. No refunds will be made after April 19, 2019.

Method of Payment:

- Visa MasterCard AMEX Discover
 Check # _____ (payable to SOAP in U.S. funds drawn from a U.S. bank)

Card Number

Expiration Date

Name on Card

Signature

Send complete registration forms (pages 1, 2 and 4) with payment to:

Society for Obstetric Anesthesia and Perinatology (SOAP)

6737 W. Washington St., Suite 4210 • Milwaukee, WI 53214

Phone: (414) 389-8611 • Fax: (414) 276-7704

Registration is Available Online at www.soap.org

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* Dr. Mr. Mrs. Ms.

SOAP Member ID # _____

ASA Member ID # _____

*First Name _____ MI _____ *Last Name _____

*Business Phone Number _____ Mobile Phone Number _____ *Email _____

Registration Fees*

General Registration includes one ticket to the Welcome Reception, Continental Breakfasts, Breaks, Friday Lunch and T-shirt.

	Early Discounted Rate through April 5, 2019	Advanced Reg Rate through April 19, 2019	ONSITE ONLY After April 19, 2019	
SOAP Member Fees:				
<input type="checkbox"/> SOAP Member	\$745.....	\$795.....	\$845	\$ _____
<input type="checkbox"/> SOAP Fellow**.....	\$545.....	\$570.....	\$595	\$ _____
<input type="checkbox"/> SOAP Resident, Medical Student	\$345.....	\$370.....	\$395	\$ _____

Please circle your status above.

SOAP Retired Members..... \$345..... \$370..... \$395 \$ _____
Please note, to qualify for this registration, you must be a SOAP Retired Member and have 30+ years of SOAP Membership.

SOAP Non-Member Fees:

OASAO, OAA, SMFM, NASOM Member..... \$845..... \$895..... \$945 \$ _____

Please circle applicable society membership(s) above.

Non-Member..... \$945..... \$995..... \$1045 \$ _____

One Day Registration (Available Onsite Only)..... Thursday, Friday, Saturday OR Sunday - \$345

Sat-Sun Clinical Track (SOAP Member or Non-Member)...\$395..... \$395..... \$395 \$ _____

The Clinical Track is included with the general registration fees.

Special Registration Fees - Middle and Low Income Countries (World Bank Classification)

Attendees are eligible for middle and low income country registration, providing they meet all the following criteria:

- Reside in a country in the middle or low income category
- Working (or previously working) in a country in the middle or low income category
- Have a postal address in the middle or low income category which is detailed

SOAP Member and Non-Member Physician..... \$520 \$ _____

SOAP Member and Non-Member Resident/Fellow/Student..... \$520 \$ _____

*T-Shirt (included in registration fee) Please indicate size: Small Medium Large XL XXL
 I do not want a t-shirt

Additional shirts may be purchased onsite for \$10 while quantities last.

Guest(s) Registration Fees

General Adult Guest Registration

General Adult Guest Registration includes one ticket to the Welcome Reception, Fitness Activities and a t-shirt.

of adult guest(s) \$ _____ x \$150 \$ _____

Name(s) of spouse/adult guest(s).....

*T-Shirt (included in guest registration fee) Please indicate size: Small Medium Large XL XXL
 I do not want a t-shirt

General Children (under 18 years) Guest Registration

of children..... \$ _____ x \$20 \$ _____

Name(s)/Age(s) of children.....

** SOAP Fellow Members who do not receive departmental funds for educational purposes from their institution or hospital may be eligible for a discounted rate until April 5, 2019. Please visit www.soap.org/meetings/2019-soap-51st-annual-meeting/ for more information.

General Registration Subtotal \$ _____
(please transfer amount to page 1)

World Bank Classifications (2019)

Middle Income Countries

Attendees are eligible for 'middle income country' registration providing they meet all the following criteria:

- Reside in a country in the 'middle income country' category
- Working (or previously working) in a country in the 'middle income country' category
- Have a postal address a country in the 'middle income country' category which is detailed at time of registration

Albania	Costa Rica	Jamaica	Morocco	St. Vincent and the
Algeria	Côte d'Ivoire	Jordan	Myanmar	Grenadines
American Samoa	Cuba	Kazakhstan	Namibia	Sudan
Angola	Djibouti	Kenya	Nicaragua	Suriname
Armenia	Dominica	Kiribati	Nigeria	Swaziland
Azerbaijan	Dominican Republic	Kosovo	Pakistan	Thailand
Bangladesh	Ecuador	Kyrgyz Republic	Palau	Timor-Leste
Belarus	Egypt, Arab Rep.	Lao PDR	Papua New Guinea	Tonga
Belize	El Salvador	Lebanon	Paraguay	Tunisia
Bhutan	Equatorial Guinea	Lesotho	Peru	Turkey
Bolivia	Fiji	Libya	Philippines	Turkmenistan
Bosnia and	Gabon	Macedonia, FYR	Romania	Tuvalu
Herzegovina	Georgia	Malaysia	Russian Federation	Ukraine
Botswana	Ghana	Maldives	Samoa	Uzbekistan
Brazil	Grenada	Marshall Islands	São Tomé and	Vanuatu
Bulgaria	Guatemala	Mauritania	Principe	Venezuela, RB
Cabo Verde	Guyana	Mauritius	Serbia	Vietnam
Cambodia	Honduras	Mexico	Solomon Islands	West Bank and Gaza
Cameroon	India	Micronesia, Fed. Sts.	South Africa	Zambia
China	Indonesia	Moldova	Sri Lanka	
Colombia	Iran, Islamic Rep.	Mongolia	St. Lucia	
Congo, Rep.	Iraq	Montenegro		

Low Income Countries

Attendees are eligible for 'low income country' registration providing they meet all the following criteria:

- Reside in a country in the 'low income country' category
- Working in a country in the 'low income country' category
- Have a postal address a country in the 'low income country' category which is detailed at time of registration

Afghanistan	Comoros	Haiti	Nepal	Syrian Arab Republic
Benin	Congo, Dem. Rep.	Korea, Dem. Rep.	Niger	Tajikistan
Burkina Faso	Eritrea	Liberia	Rwanda	Tanzania
Burundi	Ethiopia	Madagascar	Senegal	Togo
Central African	Gambia, The	Malawi	Sierra Leone	Uganda
Republic	Guinea	Mali	Somalia	Yemen, Rep.
Chad	Guinea-Bissau	Mozambique	South Sudan	Zimbabwe

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* Dr. Mr. Mrs. Ms. ABA # _____
SOAP Member ID # _____
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*First Name _____ MI _____ *Last Name _____
*Business Phone Number _____ Mobile Phone Number _____ *Email _____

Special Sessions

Wednesday, May 1, 2019

- Morning Make or Break Leadership Lessons for Labor and Delivery Workshop, 8:00 a.m. – 12:00 p.m.** \$195 \$ _____
- Morning The Use of Ultrasound in Obstetric Anesthesia Workshop: Vascular Access, Neuraxial Anesthesia, TAP Block, Airway and Gastric Assessment, 8:00 a.m. – 12:00 p.m.** (limited to 45) \$295 \$ _____
- Afternoon Focused Cardiac Ultrasound in the Management of the High Risk Parturient Workshop , 1:00 – 5:00 p.m.** (limited to 32)..... \$295 \$ _____
- Afternoon Becoming the Best Version of Ourselves: Overcoming Challenges with Resilience and Connection Workshop, 1:00 – 5:00 p.m.** \$195 \$ _____
- Afternoon Obstetric Anesthesia Crisis Resource Management Course, 1:00 – 5:00 p.m.** (limited to 20)..... \$295 \$ _____
- Afternoon Chinese Symposium on Obstetric Anesthesia, 1:00 – 5:00 p.m.** Complimentary

Thursday, May 2, 2019

- Problem-Based Learning Discussion Lunch - Management of the Obese Parturient, 12:15 - 1:15 p.m.** (limited to 30) .. \$90 \$ _____
- Rivanna Lunch Session: Neuraxial Placements in Challenging Patient Populations Using the Accuro® Handheld Spinal Navigation Device, 12:15 - 1:15 p.m.,** (limited to 100) Please Register Through Rivanna: <https://rivannamedical.com/soap-session/>

Saturday, May 4, 2019

- Lunch Lesson: Adjuncts in Postpartum Hemorrhage - How Do We Use Them?, 12:30 - 1:30 p.m.** (limited to 30).. \$90 \$ _____
- Special Sessions Subtotal** \$ _____

Social Events

- Welcome Reception, Wednesday, May 1, 2019, 6:00 – 8:00 p.m.** \$95 \$ _____
**One ticket is included in the Full SOAP Conference Registration for attendees and one ticket is included in the Guest Registration.*
- Golf Outing, Friday, May 3, 2019, 2:30 p.m.** (Deadline to Register is April 1st).....\$125 \$ _____

Names of Attendees Who Will Be Playing Golf: _____
List Up to 3 Partners You Would Like to Play With (Optional): _____

Approximate Handicap Information (Optional)

- SOAP Annual Meeting Banquet, Saturday, May 4, 2019, 6:00 – 10:00 p.m.**
 - I will attend the SOAP Banquet.....Number of adults _____ x \$75 \$ _____
Number of children under 18 years _____ x \$25 \$ _____
- Social Events Subtotal** \$ _____

Optional Fitness Events

- Boot Camp, Friday, May 3, 2019, 6:15 – 7:15 a.m. – Complimentary** (limited to 30) I will attend this event.....number of people x _____
- Foam Rolling/Stretch, Saturday, May 4, 2019, 6:45 – 7:45 a.m. – Complimentary** (limited to 20) I will attend this event.....number of people x _____

Special Sessions, Social Events and Optional Fitness Events Subtotal \$ _____
(please transfer amount to page 1)

Membership Application



Please print or type. Please complete all sections.

I hereby make application for:

- Active Membership (M.D., D.O., M.B.B.S.).....\$250.00
- Associate Membership (Physicians or scientists not engaged in administering clinical anesthesia, CRNA, AA).....\$200.00
- Retired Membership.....\$65.00
- Medical Student Membership*..... Complimentary
- Resident Membership*..... Complimentary
- Fellow Membership*..... Complimentary

6737 West Washington Street
Suite 4210
Milwaukee, WI 53214
Phone: 414-389-8611
Fax: 414-276-7704
Email: info@soap.org

Residency/Fellowship ends: month _____ year _____ \$ _____ **Total Membership Amount**

*To receive complimentary membership for a Medical Student, Resident or Fellow you **MUST COMPLETE & RETURN FORM** accordingly.

*If Resident Membership, need Program Director's signature: _____

As a member of SOAP, you can obtain \$20 off a membership with the IARS. Use the discount code **SOAP2019** when signing up for an IARS membership (www.iars.org/membership).

Additional Subscriptions:

- OAD- \$80.00 OAD International- \$90.00 (For International Members ONLY) \$ _____ **Total Subscription Amount**
- IJOA- \$120.00

Last _____ First _____ Middle Initial _____
 M.D. D.O. M.B.B.S. Other: _____ Date of Birth: _____

Preferred Mailing Address: Home Business

University/Hospital _____

Business Mailing Address

City _____ State/County _____ ZIP/Postal Code _____

Phone _____ Fax _____ Email _____

Home Mailing Address

City _____ State/County _____ ZIP/Postal Code _____

Specialty: Anesthesia OB Peds Other _____ Board Certification: Yes No

Type of Practice: Academic Private, # of partners/colleagues _____ Other _____

Interest in OB Anesthesia (check all that apply): High Risk Pain Control Administrative Research Perinatology
 Education Other _____

I am also a member of: ASA AMA NASOM SMFM ACOG AAP Other _____

Donation to the SOAP Endowment Fund - this contribution is tax deductible. \$ _____ **SOAP Endowment Fund**

Bronze Level - \$50.00 Silver Level - \$100.00 Gold Level - \$200.00 \$ _____ **Total Enclosed**

Platinum Level - \$500.00 Other: _____

If you wish to donate another amount, please contact the SOAP office at 414-389-8611.

Payment Options

- Check or Money Order (made payable in U.S. dollars to the Society for Obstetric Anesthesia and Perinatology)
- Visa MasterCard Discover AMEX

Credit Card Number _____ Expiration Date _____

Name on Card _____ Signature _____