SOAP 2019 Sol Shnider, M.D. Obstetric Anesthesia Meeting Registration Form
March 14-17, 2019 • Grand Hyatt Hotel • San Francisco, California

* Denotes a required field

** Dr.  ☐ Mr.  ☐ Mrs.  ☐ Ms.  ☐ Prof.

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

** First Name  MI  ** Last Name

** Credentials  ******* Specialty

** Affiliation (Organization)  ******* Mailing Address

** City  ** State/Province  ** ZIP/Postal Code  ** Country

** Business Phone Number  Mobile Phone Number  Fax Number

** E-mail Address

Is this your first time attending the SOAP Sol Shnider, M.D. Obstetric Anesthesia Meeting?
☐ Yes  ☐ No, I have attended previously

Which best describes your field of anesthesiology? (Please select one)
☐ Obstetrics  ☐ Pediatrics  ☐ Neonatology  ☐ Perinatology  ☐ Other ____________________________

Which of the following best describes your medical practice environment? (Please select one)
☐ Academia  ☐ Consulting  ☐ Hospital  ☐ Large Group Practice
☐ Private Practice  ☐ Retired  ☐ Other ____________________________

Special Needs
☐ I will require special accommodation (also contact the SOAP Administrative Office at soap@soap.org or 414-389-8611)
☐ Please check here for vegetarian meals

How did you hear about this meeting? (Please select one)
☐ Email announcement  ☐ From colleague  ☐ SOAP newsletter
☐ ASA Email/Website  ☐ SOAP website
☐ AANA Website/Newsletter  ☐ Other: ____________________________

Send completed registration form with payment to:
SOAP, 6737 West Washington Street, Suite 4210, Milwaukee, WI 53214
Phone (414) 389-8611 • Fax (414) 276-7704
info@soap.org

Questions? Call the SOAP Administrative Office via the contact information above

REGISTRATION IS ALSO AVAILABLE ONLINE AT WWW.SOAP.ORG
### Registration Form

**SOAP 2019 Sol Shnider, M.D. Obstetric Anesthesia Meeting Registration Form**  
March 14-17, 2019 • Grand Hyatt Hotel • San Francisco, California  

* Denotes a required field  

* Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Prof.  

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendee</td>
<td>$695</td>
<td>$745</td>
<td>$795</td>
</tr>
<tr>
<td>(Physician/Non-Physician)</td>
<td></td>
<td></td>
<td>$_________</td>
</tr>
<tr>
<td>Attendee</td>
<td>$620</td>
<td>$670</td>
<td>$720</td>
</tr>
<tr>
<td>(CAA/CRNA/RN)</td>
<td></td>
<td></td>
<td>$_________</td>
</tr>
<tr>
<td>Medical Student, Resident, Fellow</td>
<td>$315</td>
<td>$365</td>
<td>$415</td>
</tr>
</tbody>
</table>

(circle your status above)  

☐ SOAP Retired Members and Lifetime Members - Complimentary Registration*  

* Please note, to qualify for this registration, you must be a SOAP Retired Member or Lifetime Member and have 20+ years of SOAP membership.  

One Day Registration (Available Onsite Only) . . . . . . Friday - $300 . . . . Saturday - $300 . . . . Sunday - $150  

For Medical Student, Resident, Fellow Only  

- Institution/Program Name: ____________________________  
  Program Director Name: ____________________________  

- Program Director E-mail: ____________________________  
  (Program Directors may be contacted for Medical Student/Resident/Fellow status verification purposes)  

**PRE-MEETING WORKSHOP REGISTRATION**  
(The Pre-Meeting Workshop registration is separate and not included in the general registration above)  

Hands-on Ultrasound for the Obstetric Anesthesia Provider: Cardiac Ultrasound, Hemodynamic Exam, Pulmonary Evaluation, Ultrasound Guided TAP Blocks & Neuaxial Techniques and Basic Fetal Ultrasound Workshop………………. $325  

$_________  

TOTAL $_________  

### Refund Policy  
Cancellations received in writing through February 22, 2019 will be refunded less a $100 administrative fee. No refunds will be made on cancellations received after February 22, 2019.  

### Method of Payment:  
- Check #  
  (payable to SOAP in U.S. funds drawn from a U.S. bank)  
- Visa ☐ MasterCard ☐ AMEX  

Card Number ___________  
Expiration Date ___________  
Name on Card ___________  
Signature ____________________________  

Send completed registration form with payment to:  
SOAP, 6737 West Washington Street, Suite 4210, Milwaukee, WI 53214  
Phone (414) 389-8611 • Fax (414) 276-7704 • info@soap.org  
Questions? Call the SOAP Administrative Office via the contact information above  
REGISTRATION IS ALSO AVAILABLE ONLINE AT WWW.SOAP.ORG