

Scientific Program Registration Form

You MUST complete the Individual Learning Plan on Page 2 as a requirement for meeting registration.

If paying by check, please make checks payable to **SPA** and mail to:

2209 Dickens Road, Richmond, VA 23230-2005; Phone: (804) 282-9780; Fax: (804) 282-0090; e-mail: spa@societyhq.com

PLEASE PRINT OR TYPE

Name _____ Degree _____ First Name for Badge _____
 Last First MI

Preferred Mailing Address _____

City / State / Zip _____ Email Address* _____

Office Phone _____ Home Phone _____ Fax # _____

Hospital/Institution _____ Address _____

City / State / Zip _____ ABA# _____

***E-mail required for registration confirmation.**

Registration fees include continental breakfast, lunch with exhibitors, breaks and one ticket to the Reception at the New England Aquarium. Additional tickets for the Reception may be purchased below.

	Through 9/22/17	After 9/22/17	
☐ SPA Member - US & Canada	\$350	\$400	= \$ _____
☐ Non-Member - US & Canada	\$475	\$525	= \$ _____
☐ SPA Member - International	\$250	\$300	
☐ Non-Member - International	\$375	\$425	= \$ _____
☐ Resident ☐ Fellow*	\$250	\$275	= \$ _____
☐ SPA Member - Retired	\$250	\$275	= \$ _____
☐ Allied Health	\$275	\$325	= \$ _____
☐ PBLD Discussions	\$35	\$35	= \$ _____
Enter your choice of PBLD Table #: First Choice: _____ Second Choice: _____ Third Choice: _____			
☐ Accompanying Person(s) # _____ (Breakfast, lunch and breaks only)	\$35	\$50	= \$ _____
Accompanying Person(s) Name(s): _____			
☐ Extra Reception Guest Tickets	\$75	\$100	= \$ _____
☐ SPA Patient Safety Education and Research Fund Donation [†] (\$50 is suggested)			= \$ _____
Meeting Total:			= \$ _____

[†]The SPA is a 501(c) 3 organization and your donations are tax deductible as allowed by law. All voluntary contributions will be acknowledged.

*When accompanied by a letter from Department Chairperson, verifying Resident/Fellow status.

SPA, 2209 Dickens Road, Richmond, VA 23230-2005

(Credit Card payments may be faxed to 804-282-0090.)

☐ Personal Check

☐ VISA

☐ MasterCard

☐ American Express

☐ Discover

Card No _____ CVV Code: _____ Exp. Date _____

Signature _____ Printed Name on Card _____

Credit Card Billing Address: _____ Credit Card Zip Code: _____

Refund Policy: Full refund less \$50 administrative fee through September 1, 2017; 50% refund September 2 - September 22, 2017; No refunds after September 22, 2017. Refunds determined by date written cancellation is received.

Hotel/Lodging Information: The 31st Annual Meeting will be held at the Westin Boston Waterfront in Boston, MA. Hotel reservations must be made through the ASA Housing Bureau. To make hotel reservations online, please visit www.pedsanesthesia.org for a link to the ASA Housing Site.

Americans with Disabilities Act: The Society for Pediatric Anesthesia has fully complied with the legal requirements of the ADA and the rules and regulations thereof. If any participant in this educational activity is in need of accessible accommodations, please contact SPA at (804) 282-9780 for assistance.

IF YOU DO NOT RECEIVE A CONFIRMATION E-MAIL FROM THE SPA WITHIN 30 DAYS OF SUBMITTING YOUR REGISTRATION, PLEASE CALL/EMAIL THE OFFICE TO CONFIRM THAT YOUR REGISTRATION MATERIAL HAS BEEN RECEIVED.



31st ANNUAL MEETING

October 20, 2017 • Westin Boston Waterfront Hotel • Boston, MA
Online registration at www.pedsanesthesia.org will open soon.

Complimentary Optional Tours Registration

SATURDAY, OCTOBER 21, 2017: 1:00-4:00 PM

• Guided Walking Tour of Boston Children's Hospital

Boston Children's Hospital was established in 1869 and has been at its current location for more than a century, adjacent to Harvard Medical School and many of its other affiliated teaching hospitals. Walking tours of the hospital (approximately 45 minutes) will be offered to small groups on a first come, first served basis. (Space is limited.)

Round-trip transportation will be provided from the Westin Boston Waterfront to Boston Children's Hospital

- ☐ 1:00 pm
- ☐ 2:00 pm
- ☐ 3:00 pm

• "Bells and Whistles" Tour of the Simulation Center

Using Hollywood special effects, set design features and virtual reality, the Sim Center is available to clinical teams, patients, families and inventors — anyone who needs to simulate medical scenarios or develop and test new technologies in a no-risk clinical or home-like setting. This tour will also highlight OPENPediatrics, a free and open access online community of clinicians sharing best practices from all resource settings around the world through innovative collaboration and digital learning technologies. (Space is limited.)

Round-trip transportation will be provided from the Westin Boston Waterfront to Boston Children's Hospital.

- ☐ 1:00 pm
- ☐ 2:30 pm

SUNDAY, OCTOBER 22, 2017: 3:30 PM

• Bulfinch's Ether Dome Tour: Its Place in Anesthesia History

Both the Bulfinch Building and the Ether Dome are sites on the National Historic Public Register. The building's original cantilevered granite steps lead to the Ether Dome, which still is used today for conferences. We will learn why Padihersef, a 2500 year old mummy was witness to Morton's display; why a reproduction of the statue *Apollo Belvedere* stands at the Dome entrance and why surgery was performed on Saturdays. The beautiful Bulfinch building holds a special place in the History of Anesthesia. We welcome you to visit this architectural treasure. (Special tour is limited to the first 100 registrants.)

There will be no transportation provided; attendees will be responsible for their own transportation. Meet in front of the Gray Jackson Lobby of Massachusetts General Hospital located at 55 Fruit Tree Street, Boston, MA 02114.

- ☐ 3:30 pm

Printed Name: _____

Society for Pediatric Anesthesia



education • research • patient safety

SPA CME Individual Learning Plan

1. Do you hope to improve your medical knowledge or clinical skills at the upcoming meeting?

☐ Yes

☐ No

2. What specifically do you want to learn/improve? (List 3 goals)

a. _____

b. _____

c. _____

3. What type of learning sessions do you plan to attend to achieve your goals? (select as many as apply)

☐ panels

☐ lectures

☐ workshops

☐ PBLDs

☐ Other _____

4. How will you incorporate your improved knowledge/skills into your practice? (select as many as apply)

☐ preoperative workups

☐ intraoperative management

☐ postoperative care

☐ safety practices

☐ policies-protocols-forms

☐ Other _____

5. How will you assess if these changes have improved patient care? (select as many as apply)

☐ outcome data

☐ incident reports

☐ QA reviews

☐ patient satisfaction surveys

☐ Other _____

Printed Name: _____