Cleveland Clinic
Anesthesiology Institute

Comprehensive Anesthesiology Review

Monday, April 8 – Saturday, April 13, 2013

InterContinental Hotel and Bank of America Conference Center | Cleveland, Ohio

Register Today! **www.ccfcme.org/1AnesReview13**

Free TEE, Lung Isolation, and Ultrasound Workshops
(included with registration fee)

Course Directors

John E. Tetzlaff, MD
Peter K. Schoenwald, MD
D. John Doyle, MD, PhD
Allen Keebler, DO
Andrew Zura, MD

Featuring

- Interactive audience response system
- Written board preparation sessions
- Oral examination demonstration session
- TEE introductory workshop
- Ultrasound regional anesthesia workshop
- Lung Isolation Workshop
- Comprehensive syllabus material provided on CD
- Website access to 100 tips for passing the boards
- Emergency airway workshop
- Ultrasound for central venous access workshop

REGISTRATION FORM

Comprehensive Anesthesiology Review

April 8 – April 13, 2013 | InterContinental Hotel and Bank of America Conference Center

Course Number • 011975
Office Use Only
Fee _____ Date _____
MOP _____ CXL/Fee _____

REGISTER ONLINE

www.ccfcme.org/1AnesReview13

Once you register online, please do not mail in a registration form. Cleveland Clinic employee fees and registration are available online only.

FEES

Fee includes syllabus materials, continental breakfasts, and refreshment breaks. Lunch is on your own. A table and electrical outlet for laptops is available at each seat.

	Full Course Paper and CD Syllabus ☐ 6 Days Paper syllabus is available only with advance registration and payment until 5:00 pm ET March 25, 2013	Full Course CD Syllabus Only ☐ 6 Days	Per Day (2 Day Minimum) (includes per day CD syllabus) ☐ MONDAY ☐ TUESDAY ☐ WEDNESDAY ☐ THURSDAY ☐ FRIDAY ☐ SATURDAY
☐ Resident/Fellow*	$745	$695	$175 (per day)
☐ Physician	$845	$795	$195 (per day)
☐ CRNA	$845	$795	$195 (per day)
☐ SNA (full time)*	$745	$695	$175 (per day)

*Letter from program director must be received in our office prior to the course to receive this fee

OPTIONAL EVENING SESSION SIGN-UP (6:00 pm – 7:30 pm) Please indicate your choice:

Monday, April 8:	☐ Written Board Preparation #1 **OR** ☐ Oral Examination Strategy Seminar (A)	Thursday, April 11:	☐ Written Board Preparation #4 ☐ Pain Medicine Workshop (E) **OR** ☐ Ultrasound for Regional Anesthesia Workshop (F)
Tuesday, April 9:	☐ Written Board Preparation #2 **OR** ☐ Ultrasound for Regional Anesthesia Workshop (B)	Friday, April 12:	☐ Written Board Preparation #5 **OR** ☐ Emergency Airway Workshop (G) **OR** ☐ Ultrasound for Central Venous Access Workshop (H)
Wednesday, April 10:	☐ Written Board Preparation #3 **OR** ☐ Transesophageal Echo Workshop (C) **OR** ☐ Lung Isolation Workshop (D)		

PLEASE PRINT Complete the information below if registering by mail:

First Name: MI: Last Name: Degree:

Company Name:

Address:

City: State: Zip:

Phone Number: Fax Number:

Specialty: Email Address:

Type of Practice: ❑ Office-Based ❑ Hospital-Based ❑ Resident/Fellow ❑ Other

TOTAL AMOUNT ENCLOSED: $ _____

Make check payable: The Cleveland Clinic Educational Foundation

MAILING ADDRESS The Cleveland Clinic Educational Foundation
P.O. Box 931653 • Cleveland, OH 44193-1082

For questions about registration, please call **216.448.0777** or email **cmeregistration@ccf.org**