

2010 UCSD ANESTHESIA UPDATE REGISTRATION

MAIL TO: Update 2010 Registration
Department of Anesthesia
200 W. Arbor Drive
San Diego, CA 92103-0801

FAX TO: (619) 543-6162

Please check one: M.D. D.O. C.R.N.A. R.N. Resident Other _____

Name (Last) _____ (First) _____

Address _____

City _____ State _____ Zip _____

Office Phone (_____) _____ Home (_____) _____

FAX (_____) _____ E-Mail Address _____

AANA # _____ (If applicable)

\$590 M.D./D.O. \$540 C.R.N.A./R.N. \$490 Resident or Nurse in training, or UCSD Alumni
(with accompanying letter validating training status)

Check - Make payable to: UC REGENTS Yes I will attend the Welcome Reception on January 13, 2010

MasterCard Visa _____ Exp. Date _____

Fees may not be paid by telephone. Check, MasterCard, Visa, or U.S. Dollars Money Orders are only accepted.