



Please print clearly and keep a copy of the completed form for your records. This information will be used for SNACC registration processing and participation purposes, which may involve sharing your information with third parties (credit card processor, event website platform, etc.). Event supporters may receive data based on how you answer the information sharing question below.

You will create your own profile with separate data sharing agreements upon logging in to the event website.

Registrations must be received, emailed, or faxed by 11:59 pm US Eastern time on **July 8** to receive the early rate. Paper forms must be received by **August 22** in order to be processed prior to the Annual Meeting in Seattle.

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### PARTICIPANT INFORMATION

Email \_\_\_\_\_

Prefix (Dr., etc.) \_\_\_\_\_ First Name \_\_\_\_\_

Last Name \_\_\_\_\_ Credentials (MD, etc.) \_\_\_\_\_

Institution \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Province/Territory \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ ASA ID \_\_\_\_\_

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### MISCELLANEOUS INFORMATION (complete all that apply)

This is my first SNACC Annual Meeting  Yes  No  Not Sure

A registrant list with name, institution, city, state, and country will be shared with event supporters

- I opt in to being included on the registrant list
- Please do not include my information on the registrant list

I have a physical challenge for which I may need assistance during the event (specify the challenge; SNACC staff may reach out to you to further discuss): \_\_\_\_\_

Dietary Request:  Celiac (gluten free)  Dairy Allergy  Diabetic  Kosher  Vegan  Vegetarian  
Other Allergy/Religious (please specify) \_\_\_\_\_

I acknowledge that there is an inherent risk of communicable disease exposure in any public space where people are present. I will follow government and/or SNACC regulations in place at the time of the event and agree not to participate in SNACC Annual Meeting activities if I do not feel well or if I have known recent exposure to a communicable disease. I hold SNACC and its affiliates harmless of liability of disease spread.

At a minimum, SNACC will follow all requirements of the City of Seattle, King County, the State of Washington, and the Grand Hyatt Seattle. SNACC reserves the right to impose vaccination, testing, or mask requirements that are stricter than what is required. Any testing requirements for in-person participants may be at the expense of the participant. **Initials:** \_\_\_\_\_

Name \_\_\_\_\_

## ANNUAL MEETING REGISTRATION INCLUDES

- Friday and Saturday lunch and refreshment breaks
- Educational sessions presented by experts in the field (unless noted as a separate ticket)
- Exhibit Hall access during all show hours
- Networking with colleagues from around the world

| Registration Types and Fees        |   |  | Early<br>(by July 8) | Standard<br>(July 9 – Aug 22) |
|------------------------------------|---|--|----------------------|-------------------------------|
| SNACC Member Rates                 |   |  | Fees in USD          |                               |
| <input type="checkbox"/> Physician | <input type="checkbox"/> CRNA                       | <input type="checkbox"/> Neuroscientist  | 645                  | 695                           |
| <input type="checkbox"/> Resident  | <input type="checkbox"/> Fellow                     | <input type="checkbox"/> Medical Student | 250                  | 300                           |
| <input type="checkbox"/> Emeritus  | <input type="checkbox"/> Graduate Student / Student |  |                      |                               |
| SNACC Non-Member Rates             |   |  |                      |                               |
| <input type="checkbox"/> Physician | <input type="checkbox"/> CRNA                       | <input type="checkbox"/> Neuroscientist  | 795                  | 845                           |
| <input type="checkbox"/> Resident  | <input type="checkbox"/> Fellow                     | <input type="checkbox"/> Medical Student | 350                  | 400                           |
| <input type="checkbox"/> Emeritus  | <input type="checkbox"/> Graduate Student / Student |  |                      |                               |

| Sessions Requiring Additional Fees   |  | Early<br>(by July 8)         | Standard<br>(July 9 or after) |
|--|--|------------------------------|-------------------------------|
| Thursday Pre-Meeting Workshops (Meeting registration required to purchase ticket)                    |  |                              |                               |
| 10:00 am - 12:30 pm  | ICPNT EEG Symposium                                      | <input type="checkbox"/> 125 | <input type="checkbox"/> 150  |
| 1:00 pm - 4:00 pm  | Basic Science Symposium: Ketamine                        | <input type="checkbox"/> 105 | <input type="checkbox"/> 135  |
| 1:30 pm - 4:00 pm  | ICPNT Bootcamp/Workshop: Perioperative Brain Monitoring  | <input type="checkbox"/> 90  | <input type="checkbox"/> 110  |
| 4:00 pm - 5:30 pm  | Patient Safety Workshop                                  | <input type="checkbox"/> 55  | <input type="checkbox"/> 70   |
| Friday Problem Based Learning Discussions (PBLDs) (Meeting registration required to purchase ticket) |  |                              |                               |
| 7:00 am - 8:00 am  | Anesthetic Considerations for Intraoperative MRI         | <input type="checkbox"/> 35  | <input type="checkbox"/> 45   |
| 7:00 am - 8:00 am  | How to Create and Moderate a PBLD                        | <input type="checkbox"/> 35  | <input type="checkbox"/> 45   |
| 7:00 am - 8:00 am  | Enhanced Recovery After Surgery and Neuroanesthesia      | <input type="checkbox"/> 35  | <input type="checkbox"/> 45   |
| 7:00 am - 8:00 am  | Angling for Success in Pediatric Posterior Spinal Fusion | <input type="checkbox"/> 35  | <input type="checkbox"/> 45   |

## SNACC 50<sup>TH</sup> ANNIVERSARY GALA

Celebrate 50 years of the Society for Neuroscience in Anesthesia and Critical Care Thursday evening at the Seattle Aquarium. In compliance with Aquarium capacity, a limited number of tickets are available. Dinner and one drink ticket will be provided. Additional beverages will be available for credit card purchase.

Number of tickets \_\_\_\_\_ x \$225 each

## SOCIAL FUNDRAISER

Join us for a Friday Happy Hour at the Seattle Beer Co. to support the SNACC mission. One drink ticket and appetizers will be provided. Tickets are limited. Participants must be 21 or older.

Number of tickets \_\_\_\_\_ x \$50 each

## WILLIAM L. YOUNG NEUROSCIENCE RESEARCH FUND

Optional donations to the William L. Young Neuroscience Research Fund provide critical financial support to early-stage physician-scientists committed to research relevant to anesthesiology and neuroscience.

I would like to donate:     \$50         \$100         \$250         \$500         \$1000

Name \_\_\_\_\_

## SNACC Global Fund

I would like to donate:  \$50  \$100  \$200  \$250  \$500

SNACC remains committed to advancing our mission through educational efforts and global outreach. Donations support core initiatives including, but not limited to:

- international clinical education programs for practitioners and trainees
- increasing SNACC membership and engagement among neuroanesthesiologists practicing in low and middle income countries
- promotion of international neuroanesthesia education through seminars/webinars, workshops, and journal clubs
- newsletter organization and translation
- international professional mentorship programs
- innovation in online educational efforts, including the comprehensive and highly effective digital "Neuroanesthesia Classroom"
- funding of international travel awards/stipends for trainees attending SNACC's annual meeting

## FEE CALCULATION (all fees in US Dollars)

|  |  |            |
|--|--|------------|
| Registration Type                                    | US\$ _____                             | .00        |
| Sessions Requiring Additional Fees                   | US\$ _____                             | .00        |
| SNACC 50 <sup>th</sup> Anniversary Gala Tickets      | Number of tickets _____ x \$250 each = | US\$ _____ |
| Social Fundraiser Tickets (must be 21+ to attend)    | Number of tickets _____ x \$50 each =  | US\$ _____ |
| William L. Young Neuroscience Research Fund Donation | US\$ _____                             | .00        |
| SNACC Global Fund Donation                           | US\$ _____                             | .00        |
| <b>TOTAL ENCLOSED FEES</b>                           | <b>US\$ _____</b>                      | <b>.00</b> |

## PAYMENT METHOD

Check  VISA  Mastercard  Discover

Name on Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Checks must be drawn on a US bank account and made payable to **Society for Neuroscience in Anesthesiology and Critical Care**. Purchase orders are not accepted. No registrations will be processed by telephone. Registrations without full payment will not be processed. SNACC is not responsible for any foreign exchange fees from other currencies.

Mail (with payment):  
SNACC  
110 Horizon Drive, Suite 210  
Raleigh, NC 27615  
UNITED STATES

Fax (with credit card payment only): +1 919 459 2075  
Email (with credit card payment only): info@snacc.org

*SNACC does not recommend mailing, faxing, or emailing your credit card information and is not responsible for the delivery security of your credit card details. Registration on SNACC's secure, online platform is recommended for credit card payments.*

**Media Disclaimer:** SNACC will photograph or record annual meeting activities. By registering for the event, you grant SNACC permission to record, photograph, use and distribute (both now and in the future) your image, name, voice, and typed comments in all forms and all media pertaining to this annual meeting.

**Cancellation and Refund Policy:** If you are unable to attend the Annual Meeting, please submit a cancellation request in writing to info@snacc.org. Requests received by **August 22** will be eligible for an 80% refund. After August 22, cancellation requests may be accepted on a case-by-case basis and are at the sole discretion of SNACC. Please allow up to 10 business days to process your refund. Your funds will be returned via the same method you paid for your registration. Once issued, refunds may take 7 business days to be reflected on your credit card statement. If you paid by check/bank transfer/wire, please allow up to 120 days for a refund.