



***CANA Spring 2018 Meeting - 16 CEs***  
*Napa, CA*  
***March 9 - 11, 2018***

**Please indicate your preference by checking the appropriate registration fee**

**CRNA Conference Registration Fees –**

- Early Registration by February 12, 2018 \$400
- Regular Registration by February 26, 2018 \$425
- Onsite Registration after February 26, 2018 \$450

**CRNA One Day Registration Fees –**

- Early One Day Registration – Friday, Saturday or Sunday \$200
- Regular One Day Registration – Friday, Saturday or Sunday \$225
- Onsite One Day Registration – Friday, Saturday or Sunday \$250

**SRNA/Retired CRNA Registration Fees -**

- SRNA/Retired CRNA only: \$100

**RN Registration Fees –**

- RN only: \$250

**Sponsor a SRNA–**

- Student's Name \_\_\_\_\_ \$100

Check here if you would like CANA to select the student

**Please fill out payment information on next page  
and return both pages with payment**

# Payment Options

## Payment by Check

Name: \_\_\_\_\_ AANA # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Check # \_\_\_\_\_ Name of Primary Practice Facility: \_\_\_\_\_

**Make check payable to CANA**

## Payment by Credit Card

Name on Credit Card: \_\_\_\_\_ AANA # \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Primary Practice Facility: \_\_\_\_\_

Check      Credit Card :     Visa       AMEX       MasterCard

Credit Card number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Signature \_\_\_\_\_

**Send Payment to:  
CANA  
PO Box 1412  
Sonoma, CA 95476**