

NEUROLOGY UPDATE 2020 WITH FOCUS ON NEUROMUSCULAR



THE CALIFORNIA NEUROLOGY SOCIETY
& Association of California Neurologists Foundation
Tax ID# 94-3287838

Friday to Sunday, March 6th – 8th, 2020



CONFERENCE REGISTRATION: www.CaliforniaNeurologySociety.org

THE WESTIN PASADENA

191 N. LOS ROBLES AVE., PASADENA, CALIFORNIA, 91101
Phone: 626- 792-2727 Fax: (626) 792-3755

HOTEL LINK FROM THE CNS WEBSITE:

use conference code: **CNS** for special rate.

or

Web-link:

or

Call-in #:

Group Name: California Neurology Society

Group Code: **CNS**

Cancellation Policy:

President & Conference Chair: Sharon Yegiaian, MD

CME Coordinator: Robyn Young, MD

Conference Coordinators: George Sarka, MD, MPH & Angus Lee

President Nominee & Membership Chair: Stella Legarda, MD

President Elect & Legislative Chair: Robert Weinmann, MD

Database Management: Rodie Abejero



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The Westin Pasadena
March 6th to 8th, 2020

REGISTRATION FORM

Online: <http://www.californianeurologysociety.org>) or
Mail: "CNS" 985 Atlantic Ave., Ste 300, Alameda, CA 94501 or
Fax Form to: # (510) 217-8869

Name (please print) _____

Address _____

Email: _____ Phone: _____ Fax: _____

2020 Dues: *[NOTE: Online there are separate links to pay dues & registration] FEE

Physician:	(\$100)	_____
Senior/Retired Physicians:	(\$ 25)	_____
Associate (In training):	(\$ 25)	_____
Affiliate (NP/PA/PHD/Research)	(\$ 75)	_____
Industry:	(\$200)	_____

Conference Registration:

Physician (CNS Member) - \$250	[Specialty: _____]	_____
Physician (Non-Member) - \$325	[Specialty: _____]	_____
Retired Physician (Member) - \$125	[Specialty: _____]	_____
Retired Physician (Non-Member) - \$150	[Specialty: _____]	_____
Affiliates (NP/PA/PHD-Member) - \$200	[Specialty: _____]	_____
Affiliates (NP/PA/PHD-Non-Member) - \$250	[Specialty: _____]	_____
Associates (In Training) - \$50		_____
Industry - \$400		_____
Speakers - \$0		_____
Board - \$0		_____

President's Reception Thursday night (Free): # Attending _____ 0_____

TOTAL AMOUNT: \$_____

Credit card: Visa MasterCard American Express

Name: _____ Credit Card# _____

Exp. Date: _____ Security Code: _____ Zip Code: _____

For more information or questions:
Robyn Young, MD # (510) 220-6649 rgyoungmd.cns@gmail.com
OR General Inquiries # (916) 883-2500

In accordance with the Americans with Disability Act (ADA), please contact
The Hotel and Robyn Young, MD should you require special assistance.