



THE CALIFORNIA NEUROLOGY SOCIETY
& Association of California Neurologists Foundation

NEUROFEST 2021
November 12th to 14th, 2021



CONFERENCE REGISTRATION: www.CaliforniaNeurologySociety.org

Hilton Santa Barbara Beachfront
633 East Cabrillo Boulevard
Santa Barbara, California 93103
Phone: 805-564-4333

Hybrid Meeting: In-Person (with Covid protocols) and on Zoom

President & Conference Chair: Robert Weinmann, MD
CME Coordinator: Robyn Young, MD
Conference Coordinator: Linda Ricketts, Ed.D.
Planning Committee: Sharon Yegiaian, MD; George Sarka, MD, DrPH;
Paula Ravin, MD; Johanna Rosenthal; Angus Lee
President Elect & Membership Chair: Stella Legarda, MD
Exhibitor Information & Logistics: Angus Lee
Zoom information & Coordination: Andy Lee
Audio Visual: Lou Winant

Tax ID# 94-3287838

www.CaliforniaNeurologySociety.org



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HILTON SANTA BARBARA BEACHFRONT + ZOOM
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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: _____

Conference Registration:

In-Person Attendance will be limited and includes breakfasts and breaks:

	CIRCLE:	<u>ON SITE</u>	<u>ZOOM</u>
Physician [Specialty: _____]		\$350	\$250
Retired Physician [Specialty: _____]		\$150	\$ 75
Affiliates (NP/PA/PHD) [Specialty: _____]		\$250	\$150
Associates (In Training) [Specialty: _____]		\$125	\$ 50
Industry (for educational credit):		\$400	\$300
Guests (including conference meals on site):		\$100	\$ 0
Speakers:		\$ 0	\$ 0
Board and Staff:		\$ 0	\$ 0
<u>TOTAL AMOUNT:</u>		\$ _____	

Possible Commercially Sponsored Meals (subject to the Sunshine Act)

Check if plan to attend on site including the meal:

Friday: Breakfast: _____ Lunch: _____ Friday Dinner: _____

Saturday: Breakfast: _____ Lunch: _____ Friday Dinner: _____

Sunday: Breakfast: _____ Lunch if offered: _____

[The talks will also be broadcast on Zoom (not subject to the Sunshine Act)]

Register Online or use form and mail or Fax:

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

Linda Ricketts, Ed.D. # (916) 883-2500 CNSeducatio@CA-Neuro-Society.org

**In accordance with the Americans with Disability Act (ADA), please contact
The Hotel and Linda Ricketts, Ed.D. should you require special assistance.**