



**THE CALIFORNIA NEUROLOGY SOCIETY**  
& Association of California Neurologists Foundation

**CNS Spring Conference 2024:**  
**A.I. & HOT TOPICS IN NEUROLOGY**  
**May 2<sup>nd</sup> to 5<sup>th</sup>, 2024**



**CONFERENCE REGISTRATION:** [www.CaliforniaNeurologySociety.org](http://www.CaliforniaNeurologySociety.org)

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

**CME TBD**

**Hybrid Meeting: In-Person and on Zoom**

**President & Conference Chair: Stella Legarda, MD**  
**Conference Coordinator: Virginia Ho**  
**CME Committee: Robyn Young, MD, Johanna Rosenthal, MD;**  
**George Sarka, MD, DrPH; Terri Werner**  
**Conference Committee: Sharon Yegiaian, MD; Paula Ravin, MD;**  
**Kruthika Shanmugam, MD;**  
**Legislative Committee: Robert Weinmann, MD, Stella Legarda, MD,**  
**Johanna Rosenthal, MD, Jeffrey Klingman, MD, Steve Holtz, MD**

**Tax ID# 94-3287838**

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**HILTON SANTA BARBARA BEACHFRONT + ZOOM**  
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**REGISTRATION FORM**

Online: [www.CaliforniaNeurologySociety.org](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: \_\_\_\_\_

	CIRCLE:	<u>ONSITE</u>	<u>ZOOM</u>
Physician [Specialty: _____]		\$450	\$375
Retired Physician [Specialty: _____]		\$300	\$225
Affiliates (NP/PA/PHD) [Specialty: _____]		\$350	\$275
Associates (In Training) [Specialty: _____]		\$ 75	\$ 25
Guests (includes conference & Sat. dinner):		\$150	\$ 50
Speakers (includes Sat. Dinner):		\$ 0	\$ 0
Board, Staff, Special Conference Guests:		\$ 0	\$ 0
Industry (for educational credit; includes Sat. dinner):		\$500	\$425
Exhibitors Auditing; (Does not include Sat. Dinner):		\$ 0	\$ 0

**SATURDAY DINNER:**

Conference Registration (includes the Saturday night dinner): \$ 0  
Non-registered Guests and Auditing Exhibitors # \_\_\_\_\_: @ \$95/person = \$ \_\_\_\_\_

**TOTAL AMOUNT:** \$ \_\_\_\_\_

Register Online or use form and mail with a check or Fax and pay onsite.

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](mailto:rgyoungmd.cns@gmail.com)  
Virginia Ho # (916) 883-2500 [CNSeducation@CA-Neuro-Society.org](mailto:CNSeducation@CA-Neuro-Society.org)

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