



THE CALIFORNIA NEUROLOGY SOCIETY
& Association of California Neurologists Foundation

CNS Fall Conference 2024:
NEURO-RHEUMATOLOGY CROSSROADS

Thursday, October 31st to Sunday, November 3rd, 2024



CONFERENCE REGISTRATION: www.CaliforniaNeurologySociety.org

Margaritaville Resort

1600 Indian Canyon Drive

Palm Springs, California 92262

Phone: [833-498-1655](tel:833-498-1655) [Group Code: 2118841]

CME TBD

Hybrid Meeting: In-Person and on Zoom

President & Conference Chair: Stella Legarda, MD

Conference Coordinator: Virginia Ho

CME Committee: George Sarka, MD, DrPH; Robyn Young, MD;

Johanna Rosenthal, MD; Chris Lock, MD; Terri Werner

Conference Committee: Sharon Yegiaian, MD; Paula Ravin, MD;

Kruthika Shanmugam, MD; Scott Zamvil, MD

Legislative Committee: Johanna Rosenthal, MD; Robert Weinmann, MD;

Stella Legarda, MD; Jeffrey Klingman, MD; Steve Holtz, MD; Roger Bertoldi, MD

Tax ID# 94-3287838

www.CaliforniaNeurologySociety.org



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Margaritaville Palm Springs + ZOOM
Oct. 31st to Nov. 3rd, 2024

REGISTRATION FORM

Online: 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 CNS 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

CNS 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:

Virginia Ho # (916) 883-2500 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.**