



THE CALIFORNIA NEUROLOGY SOCIETY
& Association of California Neurologists Foundation

Spring Conference 2022

April 22nd to 24th, 2022

CME TBD



CONFERENCE REGISTRATION: www.CaliforniaNeurologySociety.org

**Sheraton Universal Hotel
333 Universal Hollywood Dr.
Universal City, CA 91608
Phone: (818) 980-1212**

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

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

Tax ID# 94-3287838

www.CaliforniaNeurologySociety.org



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Sheraton Universal Hotel + ZOOM

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: _____]		\$375	\$325
Retired Physician [Specialty: _____]		\$250	\$200
Affiliates (NP/PA/PHD) [Specialty: _____]		\$325	\$275
Associates (In Training) [Specialty: _____]		\$125	\$ 75
Industry (for educational credit):		\$400	\$350
Guests (including conference meals on site):		\$175	\$100
Speakers:		\$ 0	\$ 0
Board, Staff, Special Conference Guests:		\$ 0	\$ 0
<u>TOTAL AMOUNT:</u>		\$ _____	

Conference or Possibly Commercially Sponsored Meals (subject to the Sunshine Act)

Check if plan to attend on site including the meal:

Friday: Breakfast: _____ Lunch: _____ Dinner: _____

Saturday: Breakfast: _____ Lunch: _____ 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.