VERIFICATION OF PARTICIPATION 35th Annual Meeting & Workshops

April 6 - April 10, 2013 • The Fontainebleau Hotel • Miami Beach, FL

Return to: SCA, 2209 Dickens Road, Richmond, VA 23230-2005 or fax to (804) 282-0090. Forms MUST be returned no later than **May 31**, **2013** to receive a CME certificate for this educational offering.

The Society of Cardiovascular Anesthesiologists (SCA) maintains records of learner participation for six years. To enable SCA to maintain accurate records of your participation and **TO RECEIVE YOUR CME CERTIFICATE**, you must complete, sign and return this form to the SCA's headquarters office. Your certificate of participation will be mailed to you within 4-6 weeks.

SCA designates this educational activity for a maximum of 26.5 AMA PRA Category 1 Credit(s) TM . Physicians should only claim credit commensurate with the extent of their participation in the activity.

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS

Last N	Name:	_	First Name:		_ _ _ _	
Mailin	ng Address:					
City: _		State:	Country:	Zip	/Postal Code:	
Email	address:		Daytime Phone # ()	Ext:	
wish to claim the following number of credits for the above-captioned SCA meeting:						CREDITS
	I certify that	I am claiming the number	er of hours I actually spen	nt in the educationa	ıl activity.	
ignature of Attendee			Date			
			0 A B/I l			

SCA Members

It is NOT necessary for SCA members to complete this form. You may simply go to the Members Only section of SCA's website, complete the online Verification of Participation Form and print your own CME certificates. If you are not a member, join SCA today to take advantage of this member benefit.