31st ANNUAL UC DAVIS ANESTHESIOLOGY UPDATE
PRESENT STATES AND FUTURE TRENDS

Friday - Sunday November 6-8, 2020
Parc 55 San Francisco
San Francisco, CA 94102

Sponsored by:
UC Davis Department of Anesthesiology and Pain Medicine

This program is self-supporting and receives no state funding.

REGISTRATION

CLOSING: Please register early, as workshops are limited and fill up fast.

Early Bird Discount $750
Regular Tuition $875
Late Fee $900

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Program (MOCA), known as MOCA 2.0
This course contributes to the CME requirement for Part II: Lifelong Learning and Self-Assessment of the American Board of Anesthesiology (ABA).

Topics on Wellness and Workforce, AI and Anesthesia
Interactive Discussions on Hot Topics in Acute Pain, Pediatric, Cardiac and OB Anesthesia
Focus on minimizing the risks of anesthesia care

Wine and Cheese Reception Friday Evening at the Parc 55 San Francisco Hotel
Ultrasound Applications for the Anesthesiologist Workshop

HIGHLIGHTS
• Focus on wellness and workforce
• AI and anesthesia
• Ultrasound applications for anesthesiologists

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600 California Street
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Tuition includes continental breakfasts, refreshment breaks, and an online certificate of attendance. Workshop fees cover meeting room facilities, refreshments, and an electronic syllabus, and an online certificate of attendance.

The link to your electronic syllabus and evaluation will be sent via email within 30 days of the conference. A $15 fee will be charged for purchase of the electronic syllabus and an online certificate of attendance.

CME and AOA categories have been reserved and the hotel will likely sell out prior to the conference. We encourage you to make hotel reservations early.

Enrollment is limited. Online registration will close on September 6, 2020. On-site registration will be available by phone at the time noted on the Registration Form. Please register early, as workshops are limited and fill up fast.

Late fee $900 will be applied after October 3, 2020. No refunds will be given for withdrawals after October 3, 2020. No registrant substitutions will be allowed.

Confirmation of registration will be sent within two weeks of receipt. The fees will increase by $50 after October 3, 2020. The deadline for early bird pricing is September 6, 2020.

Please note special dietary/food allergy requirements. If you have a dietary or other need, please let us know by October 17 at least three days prior to the meeting, please let us know by October 17.

Optional Workshop Registration

Workshop options are available for three days. Workshop options include Anesthesia for the Regional Anesthesia Practitioner, Critical Events in Perioperative Cardiac Management, and Critical Events in Perioperative Cardiac Management.

After October 3, 2020, reservations will be on a space and rate available basis. Reservations should be made directly with the hotel. Please be aware that a limited number of rooms in each rate category have been reserved and the hotel will likely sell out prior to the meeting. Reservations are not guaranteed until payment is received. Payment must be received prior to the conference. We encourage you to make hotel reservations early.

$239 Single Rate   $259 Partial Triple Rate

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A refund of tuition, less $100 administrative fee, will be allowed if the Institute cancels the conference. In such a case, a full refund will be given. A refund of tuition, less $100 administrative fee, will be allowed if the Institute cancels the conference. In such a case, a full refund will be given.

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The Friday afternoon workshop will be a comprehensive Echocardiography (TTE), Lung, Gastric and Abdominal ultrasound workshop. The focus will be on hands-on scanning and needling techniques. The workshop will be led by Stephen M. Macres, M.D. and Jon Zhou, M.D., with additional contributions from Hendry Ton, M.D.

The future is all about change, preferably change for the better. Anesthesiologists need to adapt to the new future and change or be left behind. The perioperative physician within the perioperative surgical home. Duties beyond our expected routine have traditionally included outpatient anesthesia. However, significant changes have occurred in the past decade, and with the introduction of new medications, and monitoring devices the challenging of perioperative medicine continues to be refined and improved. The introduction of both AI and machine learning may be the "cognitive assistant" that may have a significant impact. With the introduction of new medications, and monitoring devices the perioperative surgeon will be required to navigate the increased complexity and may have to ask for help from our "AI and machine learning assistant." With the introduction of new medications, and monitoring devices the perioperative surgeon will be required to navigate the increased complexity and may have to ask for help from our "AI and machine learning assistant." With the introduction of new medications, and monitoring devices the perioperative surgeon will be required to navigate the increased complexity and may have to ask for help from our "AI and machine learning assistant." With the introduction of new medications, and monitoring devices the perioperative surgeon will be required to navigate the increased complexity and may have to ask for help from our "AI and machine learning assistant." With the introduction of new medications, and monitoring devices the perioperative surgeon will be required to navigate the increased complexity and may have to ask for help from our "AI and machine learning assistant." With the introduction of new medications, and monitoring devices the perioperative surgeon will be required to navigate the increased complexity and may have to ask for help from our "AI and machine learning assistant." With the introduction of new medications, and monitoring devices the perioperative surgeon will be required to navigate the increased complexity and may have to ask for help from our "AI and machine learning assistant." With the introduction of new medications, and monitoring devices the perioperative surgeon will be required to navigate the increased complexity and may have to ask for help from our "AI and machine learning assistant." With the introduction of new medications, and monitoring devices the perioperative surgeon will be required to navigate the increased complexity and may have to ask for help from our "AI and machine learning assistant."