



OCEAN EDGE RESORT INFORMATION / REGISTRATION FORM – September 14-17, 2017

The staff and management of Ocean Edge Resort look forward to your stay. To be assured of accommodations, please contact Ocean Edge Resort, 508-896-9000, toll free 800-343-6074 between 9:00 am-5:00 pm, or email Reservation Dept. at stay@oceanedge.com by August 14, 2017. Be sure to reference the New England Society of Anesthesiologists (NESA) to receive the group rate. Accommodations will be assigned on a first-come, first-serve basis. Your special group rate of \$225(Arbor One-Bedroom Villa) will not be offered after this cut-off date (state tax not included in this price). Accommodations are at a premium, reserve early! A confirmation letter will be e-mailed to you within 10 days after the reservation has been processed.

Individual guest reservations require an advanced deposit equal to 50% of the scheduled stay. The Resort will not hold any reservation after 6:00 pm unless secured by a credit card. A cancellation fee of one night's accommodation and tax will apply to any reservation cancelled less than 14 days prior to arrival. Check-in time is 4:00 PM. Guests arriving before check-in time will be accommodated as villas become available. Check-out time is 11:00 AM. The Arbor One-Bedroom Villa rate is \$225, plus \$25 per night resort service fee plus occupancy tax which is currently 11.7% We have planned a reception/buffet dinner for Thursday and reception/banquet dinner on Saturday evening. Friday night dinner you will be on own, there are restaurant options at the resort or take advantage of the restaurants in the area. Please plan your Friday evening so you will be back in time to take part in the Cracker Barrel Session, starting at 8:30 pm.

We have scheduled the New England Seaside Buffet Dinner on Thursday evening at \$77.00 per person (this price includes tax and gratuity) Dr. Ronald Harter, ASA Speaker of the House and Administrative Council Member will present the "ASA Update" on Thursday evening. The NESA Annual Meeting will be held after dinner on Thursday evening at 9:15 PM in the Samuel Nickerson room (upstairs).

Friday evening, dinner will be on your own. Enjoy one of the venues at the resort or venture in to town. Don't forget the Cracker Barrel Session will begin promptly at 8:30 PM in the Samuel Nickerson room. The Cracker Barrel session is part of the CME program.

There are two options available for Saturday's Banquet Dinner (Dill Crusted Salmon Filet or Grilled NY Strip Steak at \$73 per person), these prices include all taxes and gratuities. Please note your meal preference below.

Coffee, tea, juice will be available during the meeting for registrants and exhibitors. Ocean Edge Resort serves breakfast and lunch daily in their restaurant.

NESA Annual Golf Tournament at Ocean Edge Course – will be held on Friday afternoon-don't forget to bring your clubs! Sign up below.

NESA 5K Fun Run – will take place on Saturday at 6:15 AM (if enough interest). Bring your gear!

Be sure to go to Ocean Edge Resort Website www.oceanedge.com - new SPA on site – call ahead to make your appointments.

(tear here and return the bottom form to NESA to register for the meeting and to reserve your meals for Thursday and Saturday)

Meeting Registration: Mail this form to: NESA, Inc., 60th Annual Fall Conference, PO Box 904, South Carver, MA 02366 Questions? Call 508-866-1144, or Email: NESABOX1@verizon.net

(Please Print)

Person Attending Conference: _____ Hospital Affiliation: _____

Name of guest (s) _____

Street Address: _____ City/State/Zip: _____

Email Address: _____ Phone: _____

Staying at Resort? ___ Yes ___ No ABA Number: _____

Interested in playing in the Golf Tournament on Friday at Ocean Edge Resort & Golf Club? _____

How many: _____ Potential partner(s) _____

Tournament Fee: \$35.00 Ocean Edge Resort Fee \$99 [includes cart] will be charged to your room

Reserve here for your dinner buffets

Table with 3 columns: Dinner Option, Number, Price per person. Includes Thursday NE Seaside Buffet, Saturday Banquet Dinner (Salmon), and Saturday Banquet Dinner (NY Strip Steak).

NESA member? ___ Yes ___ No Interested in Membership? ___ Yes ___ No Yearly dues \$50

(If not a NESA member, join now and save on your registration fee this year)

• See brochure to compute correct amount for meeting registration fee

Check enclosed: \$ _____ or, Credit Card No. _____

Credit Card Amount: \$ _____ MC ___ VISA ___ Exp. Date: _____ (date must be later than Nov. 1, 2017)

Meeting Amount ___ Membership ___ Golf Tournament ___

NE Seaside Buffet Dinner(s) Thurs ___ Banquet Dinner(s) Sat. ___

Signature: _____ Date: _____

Office Use:

CC Confirmation Number _____ Amount _____

Check Number _____ Amount _____