Midwest Anesthesiology Residents Conference

March 19 – 21
2004

Mayo Civic Center
Rochester, Minnesota

Anesthesiology Department Chair:
Mark A. Warner, MD

Course Directors:
James R. Munis, MD, PhD
Gilbert Y. Wong, MD

MARC 2004

www.MARC2004.com
OBJECTIVES

At the conclusion of this course, participants should be able to:

- Interpret case-based and basic science material for its relevance to the practice of anesthesiology
- Demonstrate proficiency in presenting clinical case-based topics in anesthesiology.
- Demonstrate proficiency in presenting basic science topics relevant to anesthesiology.
- Explain the scientific and clinical details of topics presented before expert audiences.

CREDIT

Mayo Foundation is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Mayo Foundation designates this educational activity for a maximum of 10.25 hours in category 1 credit towards the AMA Physician’s Recognition Award. Each physician, nurse practitioner, or physician assistant should claim only those credits that he/she actually spent in the educational activity.

DATE AND LOCATION

This program will be held March 19-21, 2004. Course headquarters will be located in the Mayo Civic Center North Lobby in Rochester, Minnesota. Meeting facilities are easily accessible by skyway, which connect Mayo Civic Center to shops, restaurants, and hotels.

GUEST SPEAKERS

Roger W. Litwiller, MD
President, American Society of Anesthesiologists

William L. Lanier, MD
Editor-in-Chief, Mayo Clinic Proceedings

CANCELLATION POLICY

Your registration fee, less a $50 administrative fee, will be refunded when written notification is received by the Mayo School of Continuing Medical Education before March 5, 2004. You may FAX written notification to 507-284-0532. No refunds will be made after these dates.

TRAVEL ARRANGEMENTS

American Airlines is the official carrier for this Mayo course. Reduced airfares are available for participants by calling American Airlines at 800-433-1790. Reference this course as Index #9988, AN#2634AC. You may contact the designated travel agency, Corporate Travel, for additional assistance with airfare or ground transportation arrangements by calling 800-526-4540/507-282-9121.
PARKING

Parking is available in hotel, city, and Mayo patient/visitor ramps. The cost for parking is not included in the registration fee. Mayo Clinic does not validate parking.

LODGING ACCOMMODATIONS

To ensure accommodations and the discounted rates, please make your reservation directly with the hotel by February 26, 2004. Room rates do not include applicable city and state taxes. Reservation requests received after this date are subject to availability at the group rate. When making reservations, identify yourself as a participant in the Midwest Anesthesiology Residents Conference.

Radisson Plaza Hotel
150 South Broadway
800-333-3333/507-281-8000
$99 single/double

Kahler Grand Hotel
20 Second Avenue SW
800-533-1655/507-282-2581
$79 single/double

Rochester Marriott Hotel
101 First Avenue SW
877-623-7775/507-280-6000
$109 single/double

Hilton Garden Inn
225 South Broadway
800-445-8667/507-285-1234
$89 single/double

Holiday Inn City Centre
220 South Broadway
800-241-1597/507-288-1261
$69 single/double

MAYO CLINIC TOURS

Mayo Clinic is NOT open to the public on the weekend. Public tours of Mayo Clinic are provided daily beginning at 10:00 am, except for holidays. The tours originate from Judd Auditorium, Subway Level of the Mayo Building, and last approximately 1.5 hours. The tour includes a 20-minute film on the history and operation of Mayo Clinic plus visits to points of interest in the Mayo, Plummer, and Hilton Buildings.
# Program Schedule

## FRIDAY, MARCH 19, 2004

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>4:00-8:00 p.m.</td>
<td>Registration and Welcome Reception</td>
<td>Mayo Civic Center, North Lobby</td>
</tr>
</tbody>
</table>

## SATURDAY, MARCH 20, 2004

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Speakers</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:45 a.m.</td>
<td>Registration and Breakfast</td>
<td></td>
</tr>
<tr>
<td>7:30 a.m.</td>
<td>Welcome and Introduction</td>
<td>James R. Munis, MD, PhD</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gilbert Y. Wong, MD</td>
</tr>
<tr>
<td>7:45 a.m.</td>
<td>Keynote Address: From the Journal’s Point of View</td>
<td>William L. Lanier, MD Editor-in-Chief, Mayo Clinic Proceedings</td>
</tr>
<tr>
<td>8:30 a.m.</td>
<td>Scientific Sessions</td>
<td></td>
</tr>
<tr>
<td>10:00 a.m.</td>
<td>Refreshment Break</td>
<td></td>
</tr>
<tr>
<td>10:30 a.m.</td>
<td>Scientific Sessions</td>
<td></td>
</tr>
<tr>
<td>12:00 p.m.</td>
<td>Lunch Address</td>
<td>Roger W. Litwiller, MD President, American Society of Anesthesiologists</td>
</tr>
<tr>
<td>1:30 p.m.</td>
<td>Scientific Sessions</td>
<td></td>
</tr>
<tr>
<td>3:00 p.m.</td>
<td>Refreshment Break/Exhibits</td>
<td></td>
</tr>
<tr>
<td>3:30 p.m.</td>
<td>Scientific Sessions</td>
<td></td>
</tr>
<tr>
<td>6:30 p.m.</td>
<td>Dinner</td>
<td></td>
</tr>
</tbody>
</table>

## SUNDAY, MARCH 21, 2004

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:15 a.m.</td>
<td>Continental Breakfast</td>
</tr>
<tr>
<td>8:00 a.m.</td>
<td>Scientific Sessions</td>
</tr>
<tr>
<td>9:30 a.m.</td>
<td>Refreshment Break</td>
</tr>
<tr>
<td>10:00 a.m.</td>
<td>Scientific Sessions</td>
</tr>
<tr>
<td>12:00 p.m.</td>
<td>Awards Presentation</td>
</tr>
<tr>
<td>12:30 p.m.</td>
<td>Adjourn</td>
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</tbody>
</table>
Pre-registration is required. To register, complete and return this registration form by mail or fax. The registration fee includes tuition, comprehensive course syllabus, continental breakfasts, refreshment breaks, luncheons, and reception. A letter of confirmation will be sent upon receipt of payment and completed registration form.

Mail form and payment to:
Mayo School of Continuing Medical Education
200 First St SW
Rochester, MN 55905

Telephone: 800-323-2688 or 507-284-2509
FAX: 507-284-0532
Web Site: www.mayo.edu/cme
E-Mail: cme@mayo.edu

(Please print or type all information. You may duplicate this form for multiple registrations.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Degree</th>
<th>Level</th>
<th>Institution</th>
<th>Medical Specialty</th>
<th>E-mail Address</th>
<th>Work Address</th>
<th>Home Address</th>
<th>City</th>
<th>State/PV</th>
<th>ZIP/Postal Code</th>
<th>Country</th>
</tr>
</thead>
</table>

Which do you prefer to be your mailing address: ☐ Work/Business ☐ Home

SOCIAL EVENTS

Friday Reception:
☐ Yes, I will attend (complimentary ticket).
☐ I will bring ______ additional guest(s) at $20 each.

Saturday Dinner:
☐ Yes, I will attend (complimentary ticket).
☐ I will bring ______ additional guest(s) at $30 each.

PAYMENT

<table>
<thead>
<tr>
<th>Registration Fee:</th>
<th>$275</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friday Reception (Guests @$20)</td>
<td>$_______</td>
</tr>
<tr>
<td>Saturday Dinner (Guests @$30)</td>
<td>$_______</td>
</tr>
</tbody>
</table>

☐ Check enclosed (payable to Mayo Foundation) ☐ Visa ☐ MasterCard ☐ Discover

Card Number __________________________ Expiration date MO/YR ____________
Signature __________________________ Date ____________