

Registration Form

#4011; ame-pain

6th Annual Comprehensive Pain Board Review Symposium • August 4-8, 2008

Please complete Steps 1-4 below in BLOCK letters

Step 1. Participant Information:

Name _____
First MI Last

Professional Degree (for credit and name badge) MD DO OTHER _____

Specialty Anesthesiology PM&R Neurology Psychiatry OTHER _____

Company Name _____

Dept. Name or Mail Code _____

Work Address _____

City, State, Zip _____

Day Phone _____

FAX _____ E-mail _____

I request vegetarian options for my meals

Note: Audio or Video recording is strictly prohibited

Step 2. Confirmation:

Work Address (as provided in Step 1) or Home Address

Home Address _____

City, State, Zip _____

Step 3. Registration Fees (Check One):

\$1095.00 = Physicians; \$800.00 = Fellows*, Residents*, Others (PA/NP/RN, etc.)

(* Letter of certification from program director MUST accompany registration)

TOTAL FEE REMITTED:

PO or check enclosed (payable to University of Wisconsin)

Please bill my company

Credit Card: MasterCard; VISA; American Express

Cardholder's Name _____

Card Number _____ Expiration Date _____

Where did you hear about this conference? Journal Flyer Other

Step 4. Please return your payment with this form to:

Kathy Kneebone, The Pyle Center, 702 Langdon Street, Madison, WI 53706 or Fax 1-800-741-7416 (in Madison Fax 265-3163).

The University of Wisconsin provides equal opportunities in employment and programming, including Title IX requirement.

The University of Wisconsin School of Medicine and Public Health fully complies with the legal requirements of the ADA and the rules and regulations thereof. If any participant in this educational activity is in need of accommodations, please notify Terese Bailey in order to receive service. Please call 608-240-2141.