

# REGISTRATION FORM

#4026 ame-aspi

18<sup>th</sup> Annual Meeting of the Alliance of State Pain Initiatives  
Celebrating 20 Years of Progress: Transforming the Culture of Pain Care June 21-23, 2007

## Step 1. Participant Information

Name \_\_\_\_\_  
*First MI Last*

Professional Degree (for credit and name badge)  MD  DO  RPh  PharmD  
 RN  APNP  MSW  OTHER \_\_\_\_\_

Company Name \_\_\_\_\_

Work Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ FAX \_\_\_\_\_

E-mail \_\_\_\_\_

I request vegetarian meal options

## Step 2. Confirmation

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

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

## Step 3. Workshops

Please indicate your first (1) and second (2) workshop preference for each of the three workshop sessions. Every effort will be made to accommodate your first preference.

\_\_\_ A1 \_\_\_ A2 \_\_\_ A3 \_\_\_ A4

\_\_\_ B1 \_\_\_ B2 \_\_\_ B3 \_\_\_ B4

\_\_\_ C1 \_\_\_ C2 \_\_\_ C3 \_\_\_ C4

## Step 4. Conference Fees\*

\$175 Full Conference--Early Bird Rate (postmarked on or before 5/1/07)

\$225 Full Conference

\$125 One Day (Fri. June 22)

\$100 One Day (Sat. June 23)

\$150 Student Rate - Full Conference (proof of status required at registration)

\$100 Student Rate - One Day (proof of status required at registration)

**\*\$50 nonrefundable cancellation fee**

## June 22<sup>nd</sup> Dinner and Special Event

Yes, I am attending the Boston Duck Tour and Dinner at Legal Seafood for \$25.00

Yes, I am bringing \_\_\_ guest(s) on the Boston Duck Tour and to Dinner at Legal Seafood at \$25.00 per guest

## Step 5. Total Fees & Payment Method

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*

## Step 6. Where did you hear about this conference?

Brochure  Conference

Website  Other \_\_\_\_\_

## Step 7. Send your registration form to:

**Kathy Kneebone**

The Pyle Center

702 Langdon Street

Madison, WI 53706

Fax: 800-741-7416 (in Madison 608-265-3163)