

Registration Form

19th Annual Meeting of the Alliance of State Pain Initiatives Frontiers in Pain Management

October 30 – November 1, 2008

Online Registration: www.aspi.wisc.edu

Step 1. Participant Information

Name _____
First MI Last

Professional Degree(s) _____

Company Name _____

Work Address _____

City, State, Zip _____

Work/Day Phone _____ Fax _____

E-mail _____

Home Address _____

City, State, Zip _____

Primary address for correspondence: Work Home

Do you have special dietary restrictions? No Yes: Vegetarian Yes: Other _____

Step 2. 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 3. Conference Fees*

- \$195 Full Conference—**Early Bird Rate**
(postmarked on or before 9/8/08)
- \$245 Full Conference
- \$150 One Day (Friday October 31st)
- \$125 One Day (Saturday November 1st)
- \$150 Student Rate—Full Conference
(proof of status required)

* **Cancellation fees apply. See the "conference fees" section of the brochure or website for details.**

October 31st Dinner & Special Event

- I will attend the dinner and show at Esther's Follies for \$35.00
- I will bring ___ guest(s) to the dinner and show at Esther's Follies for \$35.00 per guest

Step 4. Payment Method

TOTAL FEE REMITTED: _____

- Check enclosed
(payable to the University of Wisconsin)
- Please bill my company
- Credit Card ___ VISA
___ MasterCard

Cardholder's Name

Card Number

Expiration Date Security Code

Step 5. How did you hear about this conference?

- Brochure Another Conference
- Internet Friend / Colleague
- Email Other _____

Step 6. Send your registration form to:

Ronna Popkin
Alliance of State Pain Initiatives
1300 University Ave., Room 4720
Madison, WI 53706
Phone: 608-265-4013
Fax: 608-265-4014