

Pain Medicine Fellows

ASRA is proud to announce this special SCS Cadaver Neurostimulation Seminar and Workshop designed specifically for **pain medicine fellows!**

Wednesday, November 18, 2009
7 a.m.-5 p.m.

Breakfast and lunch will be provided.

To register online for the ASRA 2009 Annual Pain Medicine Meeting and Workshops, visit www.asra.com.

This workshop is limited to 40 pain medicine fellows and is offered on a first-come, first-served basis. There is an initial limit of two pain medicine fellows per Fellowship program. This workshop is specifically planned for pain medicine fellows in training. The deadline to enroll is October 3, 2009. If space allows, it will be opened up to programs who wish to send more than two pain fellows.

This workshop is offered at no charge and is sponsored by Boston Scientific Neuromodulation. Financial support for tuition, travel expenses and lodging for Tuesday night will be provided by Boston Scientific Neuromodulation. Please remember that if you are attending the ASRA 2009 Annual Pain Medicine Meeting to reserve your additional room nights by following the booking instructions and also register for the Annual Meeting. You must be currently enrolled in a Pain Medicine Fellowship program to attend the course. All participants must also meet the Boston Scientific Neuromodulation Clinical Training Guidelines.

To register for this workshop, complete the registration form below and send it to Kara VanGilson via fax or e-mail by October 3, 2009; fax: (661) 902-6614 or e-mail: KaraVanGilson@bsci.com.

Contact Information

Full Name: _____

E-mail: _____

Street Address: _____

City, State and Zip: _____

Office Phone: _____ Mobile Phone (for travel): _____

Hospital or Clinic Affiliation: _____ BCS Representative: _____

Travel requirements (please circle all that apply)

Air Hotel I will drive to the lab

Background and Experience - Please provide the following information; this section is required.

Specialty: _____ Experience using SCS: _____ years

Date and degree: _____

Name of medical school: _____

Residencies completed: _____

Where are you currently enrolled in a pain fellowship? _____

When will you complete your fellowship? _____

Where will you be going after your fellowship? City and State _____

Are you board certified in pain? _____

Are you a government employee? Yes or No If Yes, with who? _____

What state(s) are you licensed in? _____

Board Certifications/Accrediting Bodies: _____

Training Information

What are your primary learning objectives for this workshop? (Please be specific)

