

Annual Fall Pain Meeting Registration

Annual Fall Pain Meeting, November 13-16, 2003
 Sheraton San Diego Hotel & Marina

Please Print Clearly

Name _____ Credentials: MD DO PhD CRNA RN Other _____
Last First MI
 Address _____
 City, State, Zip _____
 *Office # () _____ *FAX # () _____ *Email _____
 Guest Name _____

***Very Important:** Please provide us with a Fax, Email and Phone number, in the event we need to contact you regarding workshops, credit card or check questions.

Registration Fees:

| | Thru Sept. 26, 2003 | After Sept. 26, 2003 | |
|--|------------------------|-------------------------|----------|
| ASRA, ESRA, LASRA, AOSRA Member | \$650 | \$750 | \$ _____ |
| Non-Member ⁽¹⁾ /CRNA | \$750 | \$850 | \$ _____ |
| Resident Member (with letter from Program Director) | \$150 | \$200 | \$ _____ |
| Resident Non-Member (with letter from Program Director) ⁽²⁾ | \$175 | \$225 | \$ _____ |
| ASPMN Member / RN | \$150 | \$200 | \$ _____ |
| Guest Registration (Includes Friday Reception with Exhibitors) | \$30 | \$40 | \$ _____ |
| One Day Registration _____ x | \$275 | \$375 | \$ _____ |

(✓ Dates: 11/13 11/14 11/15 11/16)

Please fill out the Workshop Selection Form on the reverse side.

| | | | |
|-----------------------------------|-------|-------|----------|
| Workshops #1, 2, 3, and 4 _____ x | \$175 | \$225 | \$ _____ |
| Workshop #5 (Acupuncture) _____ x | \$135 | \$150 | \$ _____ |

Please fill out the Master Class Selection Form on the reverse side.

| | | | |
|---------------------------------|-------|-------|----------|
| Friday Master Classes _____ x | \$135 | \$150 | \$ _____ |
| Saturday Master Classes _____ x | \$135 | \$150 | \$ _____ |

Please fill out the PBL Selection Form on the reverse side.

| | | | |
|---------------------------------|-------|-------|----------|
| Thursday PBL (Luncheon) _____ x | \$ 45 | \$ 55 | \$ _____ |
| Friday PBL (Luncheon) _____ x | \$ 45 | \$ 55 | \$ _____ |
| Saturday PBL (Luncheon) _____ x | \$ 45 | \$ 55 | \$ _____ |

¹. \$100.00 may be applied to membership. Balance will be invoiced.

². \$25.00 may be applied to membership.

Grand Total \$ _____

Method of Payment

Check (Make checks payable in US currency to ASRA.)
 Please charge my payment to: VISA Mastercard AMEX
 Card No _____
 Expires _____
 Printed Name on Card _____
 Signature _____
 Mail to: P.O. Box 11086
 Richmond, VA 23230-1086.
 Fax to: (804) 282-0090

Cancellation Policy: Full refund through September 26, 2003. 50% refund September 27 - October 16, 2003. No refunds after October 16, 2003. Refunds will be determined by the date written cancellation is received.

Americans with Disabilities Act: The American Society for Regional Anesthesia and Pain Medicine has fully complied 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 contact ASRA at (804) 282-0010 by October 16, 2003 in order to receive service.

[IF MAILING, MAKE A COPY OF BOTH SIDES FOR YOUR FILE]

Please mail / fax with registration form, making a copy for your files

Name _____ Credentials: MD DO PhD CRNA RN Other _____
Last First MI

Address _____

City, State, Zip _____

*Office # () _____ *FAX # () _____ *Email _____

Workshop Registration (2 hr. sessions) (Limited to 30)

List choice for each Session time

Friday, November 14, 2003

- _____ WKS 1: Implantable devices
- _____ WKS 2: Fluoroscopy in Pain Management

Saturday, November 15, 2003

- _____ WKS 3: Radiofrequency ablation technique for chronic pain
- _____ WKS 4: IDET: discography and other disk therapies
- _____ WKS 5: Clinical acupuncture techniques in adults and children

Master Class Registration (2 hr. sessions) (Limited to 40)

List choice for each Session time

Friday, November 14, 2003

- _____ MC 1: Effective use of psychologic therapy and psychopharmacology by the pain specialist
- _____ MC 2: Intrathecal drug delivery: Management of the "failed pump" patient

Saturday, November 15, 2003

- _____ MC 3: Neurolytic blocks
- _____ MC 4: Medical management of chronic pain including anticonvulsants, antidepressants, NSAIDs and other drugs.
- _____ MC 5: Choosing the best place to practice pain medicine: Is it the hospital or your own office?

Problem Based Learning (1 hr. sessions) (Limited to 9 per table)

List first 3 choices for each session time by number (1,2,3)

Thursday, November 13, 2003

- _____ PBLD 1. billing and compliance in the pain clinic
- _____ PBLD 2. Back pain: Differentiation between radiculopathy, facet
- _____ PBLD 3. Complex Regional Pain Syndrome (CRPS)
- _____ PBLD 4. Central pain

Friday, November 14, 2003

- _____ PBLD 5. Orofacial pain/trigeminal neuralgia
- _____ PBLD 6. Multimodal therapy in the perioperative period.
- _____ PBLD 7. Postoperative pain management in the patient on high dose opiates
- _____ PBLD 8. Management of pain in the elderly/aged population

Saturday, November 15, 2003

- _____ PBLD 9. Management of the hostile patient with psychiatric morbidities/ substance issues
- _____ PBLD 10. Management of complications in pain management
- _____ PBLD 11. Acute herpes zoster/post herpetic neuralgia
- _____ PBLD 12. Management of the patient on low molecular weight heparin; Plavix and other antiplatelet agents