

# APS 26th Annual Scientific Meeting Registration Form

May 2-5, 2007 • Washington DC Convention Center • Washington, DC

Please type or print clearly. Use a separate form for each registrant; duplicate as necessary.

FOR OFFICE USE ONLY

Customer # \_\_\_\_\_ Mtg Ord # 3- \_\_\_\_\_

Date \_\_\_\_\_

Full Name \_\_\_\_\_ First Name for Badge \_\_\_\_\_ Highest Credential \_\_\_\_\_

Facility \_\_\_\_\_ Facility City/State \_\_\_\_\_

Preferred Address ( Home  Office) \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail (required) \_\_\_\_\_ Enter letter code from mailing label here \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

(bcr)  Check here if you do basic/preclinical research. (fta)  Check here if this will be your first APS Annual Meeting.

To register, make your selections in the boxes below, add the subtotals, and indicate the total amount in box L.

<p><b>Registration Rates</b> Early Bird Discount (Postmarked by 3/19/07)</p> <p><b>Member Rates</b></p> <p>Income &gt;\$125,000 M3 <input type="checkbox"/> \$410          \$75,000-\$125,000 M2 <input type="checkbox"/> \$305          &lt;\$75,000 M1 <input type="checkbox"/> \$200</p> <p>Student/Trainee MS <input type="checkbox"/> \$60</p> <p><b>Join &amp; Register Rates</b></p> <p>Income &gt;\$125,000 JR3 <input type="checkbox"/> \$410 (plus dues)          \$75,000-\$125,000 JR2 <input type="checkbox"/> \$305 (plus dues)          &lt;\$75,000 JR1 <input type="checkbox"/> \$200 (plus dues)</p> <p>Student/Trainee JRS <input type="checkbox"/> \$60 (plus dues)</p> <p><b>Nonmember Rates</b></p> <p>Income &gt;\$125,000 N3 <input type="checkbox"/> \$505          \$75,000-\$125,000 N2 <input type="checkbox"/> \$375          &lt;\$75,000 N1 <input type="checkbox"/> \$305</p> <p>Student/Trainee NS <input type="checkbox"/> \$80          LF <input type="checkbox"/> + \$100</p> <p>Postmarked after 3/19/07  <b>Conference Fee Subtotal \$</b> _____</p>	<p><b>Membership Dues</b></p> <p>New and renewing members, please indicate your membership type and include payment with your registration.</p> <p>Regular member with annual income of:</p> <p>RC <input type="checkbox"/> More than \$100,000 Dues \$275          RB <input type="checkbox"/> \$50,000-\$100,000 \$190          RA <input type="checkbox"/> Less than \$50,000 \$120</p> <p>or</p> <p>AA <input type="checkbox"/> Individual Affiliate Member \$150          or          ST <input type="checkbox"/> Student/Trainee Member \$50</p> <p><b>Membership Dues Subtotal \$</b> _____</p>	<p><b>Professional Discipline (Check one.)</b></p> <p><input type="checkbox"/> Basic Science <input type="checkbox"/> Anesthesiology (ANS) <input type="checkbox"/> Physical Medicine &amp; Rehabilitation (PMR)  <input type="checkbox"/> Neurophysiology (BSN) <input type="checkbox"/> Family Practice (FP) <input type="checkbox"/> Psychiatry (PSY)  <input type="checkbox"/> Behavioral (BSB) <input type="checkbox"/> Gynecology (GYN) <input type="checkbox"/> Rheumatology (RHE)  <input type="checkbox"/> Systems (BSS) <input type="checkbox"/> Internal Medicine (IM) <input type="checkbox"/> Surgery (SUR)  <input type="checkbox"/> Other (BSO) Specify: _____ <input type="checkbox"/> Neurology (NEU) <input type="checkbox"/> Oncology (ON) <input type="checkbox"/> Urology (URO)  <input type="checkbox"/> Behavioral Science (BSO) <input type="checkbox"/> Oral/Facial Surgery (OS) <input type="checkbox"/> Occupational Therapy (OT)  <input type="checkbox"/> Biomedical Engineering (BE) <input type="checkbox"/> Orthopedic Surgery (ORS) <input type="checkbox"/> Pharmacy (PHA)  <input type="checkbox"/> Business/Industry (BUS) <input type="checkbox"/> Pediatrics (PED) <input type="checkbox"/> Physical Therapy (PT)  <input type="checkbox"/> Chiropractic (CHI) <input type="checkbox"/> Emergency Medicine (EM) <input type="checkbox"/> Psychology (PSY)  <input type="checkbox"/> Dentistry (DEN) <input type="checkbox"/> Health Policy (HP) <input type="checkbox"/> Nursing (NSG) <input type="checkbox"/> Social Work (SW)  <input type="checkbox"/> Medicine (Check one): _____ <input type="checkbox"/> Other (OTH) Specify: _____</p>
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<p><b>1-Day Conference Registration</b> (For registrants attending one day(s) of the conference only)</p> <p>One Day</p> <p><b>1-Day Member</b></p> <p>Income &gt;\$125,000 MD3 <input type="checkbox"/> \$240          \$75,000-\$125,000 MD2 <input type="checkbox"/> \$190          &lt;\$75,000 MD1 <input type="checkbox"/> \$125</p> <p><b>1-Day Nonmember</b></p> <p>Income &gt;\$125,000 ND3 <input type="checkbox"/> \$310          \$75,000-\$125,000 ND2 <input type="checkbox"/> \$225          &lt;\$75,000 ND1 <input type="checkbox"/> \$185</p> <p><b>1 Day Student/Trainee</b> SD <input type="checkbox"/> \$45</p> <p>Check which day you will be attending.          TH <input type="checkbox"/> Thursday FR <input type="checkbox"/> Friday SAT <input type="checkbox"/> Saturday</p> <p><b>Be sure to complete boxes E &amp; F for the appropriate day.</b></p> <p><b>1-Day Conference Fee Subtotal \$</b> _____</p>	<p><b>Symposia 301-330</b> Enter the three-digit code for each symposium you plan to attend. For session codes, see page 24.</p> <p><b>Thursday, May 3</b></p> <p>11:15 am-12:45 pm <input type="text" value="3"/> <input type="text" value="0"/> <input type="text" value="0"/>          2:45-4:15 pm <input type="text" value="3"/> <input type="text" value="0"/> <input type="text" value="0"/></p> <p><b>Friday, May 4</b></p> <p>10:15 am-11:45 pm <input type="text" value="3"/> <input type="text" value="0"/> <input type="text" value="0"/>          1:45-3:15 pm <input type="text" value="3"/> <input type="text" value="0"/> <input type="text" value="0"/></p> <p><b>Saturday, May 5</b></p> <p>1:30-3 pm <input type="text" value="3"/> <input type="text" value="0"/> <input type="text" value="0"/></p>	<p><b>Special Events—Check the sessions you plan to attend.</b></p> <p><b>Thursday, May 3, 5-6 pm</b></p> <p>(119) <input type="checkbox"/> Measurement in Pain I          (120) <input type="checkbox"/> Basic Science          (121) <input type="checkbox"/> Genetics and Pain          (122) <input type="checkbox"/> Interdisciplinary Pain Rehabilitation          (123) <input type="checkbox"/> Nursing Issues          (124) <input type="checkbox"/> Pain in Infants, Children, and Adolescents          (125) <input type="checkbox"/> Psychological Research</p> <p><b>Friday, May 4, 4:30-6 pm</b></p> <p>(126) <input type="checkbox"/> Disparity in Pain Management          (127) <input type="checkbox"/> Ethics</p> <p><b>Friday, May 4, 4:30-7 pm</b></p> <p>(128) <input type="checkbox"/> Clinical Trials          (129) <input type="checkbox"/> Pharmacotherapy          (130) <input type="checkbox"/> Palliative Care          (132) <input type="checkbox"/> Basic Science Dinner (6:30-8:30 pm)</p> <p><b>Saturday, May 5, Noon-1:15 pm</b></p> <p>(133) <input type="checkbox"/> Measurement in Pain II</p>
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<p><b>Preconference Session—Wednesday, May 2 (1-5 pm)</b></p> <p>(001) <input type="checkbox"/> Integrating Individual Responder Approaches and Pharmacogenetics for Clinical Pain Research \$ 150</p> <p><b>Subtotal G</b> _____</p>	<p><b>Centers of Excellence Gala Event – May 3</b></p> <p>Number of tickets _____ x (GD) \$100=</p> <p><b>Subtotal I</b> _____</p>
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<p><b>Pediatric Pain Forum—May 1-2 (8 am-4 pm) • Hyatt Regency Crystal City, Arlington, VA</b></p> <p>(Includes: reception on May 1, continental breakfast and lunch on May 2, and bus to Grand Hyatt and Renaissance Washington, DC hotels at conclusion of the meeting on May 2)</p> <p><b>Member Nonmember Student/Trainee</b></p> <p>(M) <input type="checkbox"/> \$195 (N) <input type="checkbox"/> \$225 (S) <input type="checkbox"/> \$75</p> <p><b>Afternoon Breakout Sessions:</b></p> <p>1-2:30pm <input type="checkbox"/> For session codes see page 4-5          2:30-4pm <input type="checkbox"/> For session codes see page 4-5</p> <p>I will be taking the APS provided bus on May 2 <input type="checkbox"/></p> <p><b>Subtotal H</b> _____</p>	<p><b>Guest Registration</b></p> <p>Number of Guests _____ x (GST) \$65= <b>Subtotal J</b> _____</p> <p>Name _____</p> <p><b>Special Needs</b></p> <p>(sa) <input type="checkbox"/> I will require special assistance.</p>
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4 easy ways to register

<p><b>Online</b></p> <p>www.ampainsoc.org</p>	<p><b>Phone</b></p> <p>847/375-4715</p> <p>• Phone or fax orders accepted only with credit card payment.</p>	<p><b>Fax</b></p> <p>877/734-8758</p> <p>International Fax 732/460-7318</p> <p>• If you fax this form, please do not mail the original.</p>	<p><b>Mail</b></p> <p>APS Meeting          PO Box 839          Glenview, IL 60025</p>
<p><b>GRAND TOTAL (A or D) + (B + G + H + I + J) \$</b> _____</p> <p>(Be sure to complete boxes C, E, &amp; F.)</p>			

**Payment**

**MasterCard**  **VISA**  **AMERICAN EXPRESS**  **Discover**  **Check (enclosed)**

• Make check payable to APS.  
 • A charge of \$50 will apply to checks returned for insufficient funds.

• If rebilling of a credit card charge is necessary, a \$75 processing fee will be charged.  
 • I authorize APS to charge the above listed credit card amounts reasonably deemed by APS to be accurate and appropriate.

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder's Name (Please print.) \_\_\_\_\_ Signature \_\_\_\_\_

**If payment does not accompany this form, your registration will not be processed.**