

ASPMN®, 4400 College Blvd., Ste. 220, Overland Park, KS 66211 or Fax to 913-222-8606 ■ Register Online: www.aspmn.org

Final registration deadline is August 11. If you are registering after August 11, please bring your completed paperwork and payment with you to the conference.

STEP ONE: Registration Information

First Name _____ M.I. _____ Last Name (no credentials will appear on your name badge) _____

Name as you wish it to appear on your name badge, if different from your first name listed above _____

Employer _____

Home Work

Preferred Address – please indicate home or work _____

City _____ State _____ Zip _____ Country _____

Daytime Telephone Number _____ Email Address _____

Please exclude my information from any mail list sales or registration lists provided to exhibitors

I DO NOT consent to allow any photos taken of me during the meeting to be published on ASPMN® social media sites, ASPMN®’s website or in publications to promote ASPMN® and the National Conference.

SPECIAL NEEDS

I will need assistance: _____

I have the following dietary requirements: Gluten-Free Diabetic Kosher Vegetarian Vegan

Other (describe allergies here): _____

EMERGENCY CONTACT INFORMATION

Name _____

Relationship _____ Phone Number _____

This is my first time attending an ASPMN® National Conference.

I am a new member of ASPMN® (joining after September 2016).

STEP TWO: Workshops/Registration

A. ASPMN® PRE-CONFERENCE WORKSHOPS

Full-Day Workshops	Members	Non-Members
Workshop 1: ASPMN® Pain Management Certification Preparation Course™	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300
Workshop 2: Advanced Pharmacology	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300
Workshop 3: Role of Regional Analgesia in Enhanced Recovery After Surgery (ERAS)	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300
Half-Day Workshops		
Workshop 4: Non-Opioid Holistic & Integrative Pain Management Modalities - An Interactive, Hands-On Workshop [8:00-12:00]	<input type="checkbox"/> \$145	<input type="checkbox"/> \$175
Workshop 5: Managing Pain in Older Adults [1:00-5:00]	<input type="checkbox"/> \$145	<input type="checkbox"/> \$175
Workshop 6: Pain 101 [1:00-5:00]	<input type="checkbox"/> \$145	<input type="checkbox"/> \$175

Subtotal A: _____

B. FULL-MEETING REGISTRATION

	Early-Bird Registration: Postmarked or Faxed by July 7	July 8 – August 11	After August 11 On-Site
ASPMN® Member	<input type="checkbox"/> \$450	<input type="checkbox"/> \$500	<input type="checkbox"/> \$550
Non-Member	<input type="checkbox"/> \$550	<input type="checkbox"/> \$600	<input type="checkbox"/> \$650
Student ASPMN® Member	<input type="checkbox"/> \$260	<input type="checkbox"/> \$260	<input type="checkbox"/> \$275
Student Non-Member	<input type="checkbox"/> \$295	<input type="checkbox"/> \$295	<input type="checkbox"/> \$310

Subtotal B: _____

C. SINGLE-DAY REGISTRATION

- ASPMN® Member \$250/day
Please indicate which day you will attend.
 Thursday Friday Saturday
- Non-Member \$300/day
Please indicate which day you will attend.
 Thursday Friday Saturday
- Student ASPMN® Member \$100/day
Please indicate which day you will attend.
 Thursday Friday Saturday
- Student Non-Member \$150/day
Please indicate which day you will attend.
 Thursday Friday Saturday

Subtotal C: _____

D. SPOUSE OR GUEST REGISTRATION

- Spouse or Guest(s) \$130 each
(This fee only includes Thursday evening reception and the ASPMN® Party – breakfasts and lunches are NOT included.)

_____ Number of Guests × \$130 = _____

Name(s) _____

Subtotal D: _____

E. MEMBERSHIP FEES

Current Members: Save Time – Renew your membership for 2018 today! If you are a current ASPMN® member, your membership will expire on Dec. 31, 2017, but you can take the opportunity to renew for the next cycle at this time.

- Active – \$125
 International (U.S. Funds) – \$135
 Student – \$40
 Associate – \$80
 Retired – \$62.50

New Members: Join ASPMN® at this time and take advantage of member conference registration rates and enjoy a few free months of membership on us! Your membership will take effect within two weeks of your payment and will not expire until Dec. 31, 2018!

- Active – \$125
 International (U.S. Funds) – \$135
 Student – \$40
 Associate – \$80

F. RSVP You MUST RSVP in order to gain entry to these events.

- Thursday, Sept. 14 – Breakfast
 Thursday, Sept. 14 – Lunch
 Thursday, Sept. 14 – Reception
 Friday, Sept. 15 – Breakfast
 Friday, Sept. 15 – Awards Lunch
 Friday, Sept. 15 – ASPMN® Party
 Saturday, Sept. 16 – Breakfast

IMPORTANT

Please indicate which Concurrent Sessions you are interested in attending. Please check one session letter for each column.

ASPMN® Concurrent Sessions

# 1	#2	#3	#4	#5	#6	#7
<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A
<input type="checkbox"/> B	<input type="checkbox"/> B	<input type="checkbox"/> B	<input type="checkbox"/> B	<input type="checkbox"/> B	<input type="checkbox"/> B	<input type="checkbox"/> B
<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C
<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> D
<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E

Cancellations & Transfers

Cancellations and transfers must be requested in writing and postmarked, emailed or faxed by **Aug. 11, 2017**. Refunds will be issued following the conference. A \$50 administrative fee will be assessed. If you transfer your registration to another person, please include a completed registration form for that person with your written request. Requests for cancellation postmarked, emailed or faxed after **Aug. 11, 2017** are not refundable.

Late Registration

If you need to register after Aug. 11, please bring your registration form and payment with you to the conference as it will NOT be processed at the ASPMN® Executive Office after that date.

STEP THREE: Fees/Payment

- A. Pre-Conference Workshops \$ _____
 B. Full Meeting Registration \$ _____
 C. Single-Day Registration \$ _____
 D. Spouse or Guest Registration \$ _____
 E. Membership \$ _____

Total Enclosed \$ _____

All fees must be paid in U.S. dollars, with checks drawn in U.S. funds on U.S. banks.

Check (Made payable to: ASPMN®) Tax ID 58-1905277

AMERICAN EXPRESS DISCOVER

MASTERCARD VISA

Card Number _____

Expiration Date _____

Cardholder Name _____

Cardholder Signature _____

Please return this form and TOTAL AMOUNT DUE to:

Register Online at:
www.aspmn.org

By Mail or Overnight Courier:
 ASPMN® National Office
 4400 College Blvd., Ste. 220
 Overland Park, KS 66211

By Fax (with credit card info):
 913-222-8606

Contact the ASPMN® National Office for further information: 913-222-8666