



AAPM 28TH ANNUAL MEETING REGISTRATION FORM

February 23–26, 2012 • Palm Springs, CA

(Essential Tools for Treating the Patient in Pain™ begins on February 22, 2012, and preconference sessions begin on February 23, 2012.)

FOR OFFICE USE ONLY

Customer # _____ Mtg Ord # 1- _____

Date _____ | _____

Please type or print clearly. Use a separate form for each registrant.

Full name _____ First name for badge _____ Credentials _____

Facility _____ Facility City/State _____

Preferred address (home office) _____ City/State/ZIP _____

Contact information listed here will be included in the attendee registration list that is distributed at the meeting. You may opt to have your contact information removed from this list in Box G below.

Home phone _____ Office phone _____ Fax _____

E-mail (required) _____

(fta) Check here if this will be your first AAPM Annual Meeting. (pcp) Check here if you are a primary care physician.

Emergency contact name _____ Day phone _____ Evening phone _____

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

Annual Meeting Registration (February 23–26, 2012) A

	Early-bird rate postmarked on or before January 15, 2012	Regular rate postmarked after January 15, 2012
AAPM Physician Member	<input type="checkbox"/> \$650	<input type="checkbox"/> \$750
Join & Register Physician*	<input type="checkbox"/> \$950	<input type="checkbox"/> \$1,050
AAPM Affiliate Member	<input type="checkbox"/> \$350	<input type="checkbox"/> \$450
Join & Register Affiliate*	<input type="checkbox"/> \$475	<input type="checkbox"/> \$575
AAPM Student Member	<input type="checkbox"/> \$175	<input type="checkbox"/> \$175
Join & Register Student*	<input type="checkbox"/> \$175	<input type="checkbox"/> \$175
AAPM Resident Member	<input type="checkbox"/> \$175	<input type="checkbox"/> \$175
Join & Register Resident*	<input type="checkbox"/> \$175	<input type="checkbox"/> \$175
AAPM Trainee Member	<input type="checkbox"/> \$175	<input type="checkbox"/> \$175
Join & Register Trainee* (fellowship)	<input type="checkbox"/> \$175	<input type="checkbox"/> \$175
Nonmember	<input type="checkbox"/> \$850	<input type="checkbox"/> \$950
Military**	<input type="checkbox"/> \$300	<input type="checkbox"/> \$400

*You must submit the membership application and supporting documents with your registration form to receive this discounted rate. If these documents are not received, you will be registered and charged at the nonmember rate. Documents can be sent to 847.375.6477 or info@painmed.org.

Questions: Contact AAPM Membership Coordinator at phenderson@painmed.org.

**ID required onsite to receive this rate.

Subtotal Box A \$ _____

1-Day Annual Meeting Registration (for registrants attending 1 day of the meeting ONLY) B

Please select the day you wish to attend the Annual Meeting:

Friday only Saturday only Sunday only

	Early-bird rate postmarked on or before January 15, 2012	Regular rate postmarked after January 15, 2012
AAPM Physician Member	<input type="checkbox"/> \$400	<input type="checkbox"/> \$500
AAPM Affiliate Member	<input type="checkbox"/> \$250	<input type="checkbox"/> \$350
Student Member	<input type="checkbox"/> \$125	<input type="checkbox"/> \$125
Resident Member	<input type="checkbox"/> \$125	<input type="checkbox"/> \$125
Trainee Member	<input type="checkbox"/> \$125	<input type="checkbox"/> \$125
Nonmember	<input type="checkbox"/> \$500	<input type="checkbox"/> \$600
Military	<input type="checkbox"/> \$200	<input type="checkbox"/> \$300

Subtotal Box B \$ _____

Essential Tools for Treating the Patient in Pain™ Registration (PME) C

(February 22, 7:15 am–5:30 pm; February 23, 7:15 am–5:30 pm)

	Rate if also registering for the Annual Meeting	Rate for program only, postmarked on or before January 15, 2012	Rate for program only, postmarked after January 15, 2012
AAPM Physician Member	<input type="checkbox"/> \$300	<input type="checkbox"/> \$450	<input type="checkbox"/> \$550
AAPM Affiliate Member	<input type="checkbox"/> \$150	<input type="checkbox"/> \$250	<input type="checkbox"/> \$350
Student Member	<input type="checkbox"/> \$150	<input type="checkbox"/> \$250	<input type="checkbox"/> \$350
Resident Member	<input type="checkbox"/> \$150	<input type="checkbox"/> \$250	<input type="checkbox"/> \$350
Trainee Member	<input type="checkbox"/> \$150	<input type="checkbox"/> \$250	<input type="checkbox"/> \$350
Nonmember	<input type="checkbox"/> \$400	<input type="checkbox"/> \$500	<input type="checkbox"/> \$600

Subtotal Box C \$ _____

Preconference Seminar Registration D

Thursday, February 23

7:30 am–11:30 am Ultrasound (001)

	Rate if also registering for the Annual Meeting	Rate for seminar only, postmarked on or before January 15, 2012	Rate for seminar only, postmarked after January 15, 2012
AAPM Physician Member	<input type="checkbox"/> \$250	<input type="checkbox"/> \$400	<input type="checkbox"/> \$500
AAPM Affiliate Member	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200	<input type="checkbox"/> \$300
Student Member	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200	<input type="checkbox"/> \$300
Resident Member	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200	<input type="checkbox"/> \$300
Trainee Member	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200	<input type="checkbox"/> \$300
Nonmember	<input type="checkbox"/> \$400	<input type="checkbox"/> \$500	<input type="checkbox"/> \$600

Subtotal Box D \$ _____

Concurrent Scientific Session Selections E

Please indicate which sessions you plan to attend.

Friday, February 24

1:30–2:30 pm 2:30–4:30 pm 4:45–5:45 pm

Saturday, February 25

2–3:30 pm 3:45–5:15 pm

Sunday, February 26

8:30–9:30 am 9:45–10:45 am 11 am–Noon

Guest Registration F

Number of Guest Badges _____ x \$100 (GST)

Guest name(s) _____ Subtotal Box F \$ _____

Special Requests G

- I will be using a wheelchair at the conference. (SA) I do not wish to have my name and contact information included in the onsite attendee list. (DIS)
- I will need a vegetarian meal. (SDV)
- I will need a kosher meal. (SDK)

Additional Seminars H

Cadaver Workshop

Thursday, February 23, 7:30 am–5:15 pm (visit www.painmed.org/cadaver for registration information)

Safe Opioid Prescribing Program

Saturday, February 25, 8:30 am–5:15 pm to Sunday, February 26, 8:30 am–Noon (visit www.painmed.org/safeprescribing for registration information)

GRAND TOTAL Be sure to complete all boxes.

A or B + C or D + F =

\$ _____ I

4 Easy Ways to Register

• **Online**
www.painmed.org
(Credit card payment only)

• **Fax**
847.375.6477
(Credit card payment only)

• **Phone**
847.375.4731
(Credit card payment only)

• **Mail**
AAPM Annual Meeting
P.O. Box 839, Glenview, IL 60025-0839

Payment MasterCard Visa American Express Discover Check (enclosed)

• Make check payable to AAPM.
• A charge of \$75 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 AAPM to charge the above listed credit card amounts reasonably deemed by AAPM 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. Full payment must be postmarked on or before January 15, 2012, to qualify for early-bird rates.

Cancellation Policy: All cancellations must be submitted in writing. A \$100 processing fee applies to all cancellations. No refunds will be made on cancellations postmarked after January 27, 2012. All refunds will be processed after the Annual Meeting.