

First Annual Run for patients in PAIN

In partnership with PAIN, 2011
Hilton Waterfront Resort, Huntington Beach, CA
Saturday, June 11, 2011
6AM start

Benefitting: The World Institute of Pain Foundation (WIP Foundation)

Please complete all requested information on this form, sign and return to: **scan/emailed, faxed or mailed forms accepted**

Michelle Byers MHBByers@gmail.com, cell: 415-518-5391 fax: 951-302-4841

<u>Qty.</u>	<u>Session Description</u>	<u>Fee</u>
_____	Early Registration	\$35.00
_____	Onsite Registration	\$50.00
_____	Total Registration Fee	\$ _____

Please make all checks payable to the World Institute of Pain Foundation (WIP Foundation)
If paying by credit card, please note that cards will be run by the Pain Education Society who will forward funds directly to the WIP Foundation

Runner Name and Contact Information

Last Name: _____ First Name: _____ MI: _____

Check One: Dr. ___ Mr. ___ Mrs. ___ Ms. ___

Badge Name: _____ (Appears on Name Badge)
(Example: John Smith, MD)

Institution/Organization _____ **Vendor/Exhibitor:** ___ Yes ___ No

Work Phone: _____ Fax: _____ Mobile Phone: _____

E-mail: _____ Web Page: _____

Mailing Address: _____

City, State, ZIP: _____

Accommodations – The Hilton Waterfront Resort, Huntington Beach, CA

Guestroom Rate @ \$199.00 Per Room/Per Night *Early Registration through 9/28/2010*
Guestroom Rate @ \$215.00 Per Room/Per Night after 9/29/10
(Specify nights you will need a hotel room for and how many rooms each night)

Friday & Saturday (10th&11th) _____ Thursday - Saturday (9th-11th) _____ Additional nights _____

***Only 50 rooms are reserved at this discounted rate – the \$199 rate will terminate as of 9/28/10 or after the first 50 rooms are filled, whichever comes first**

Hotel reservations can be made directly through the Hilton Waterfront Resort
http://www.hilton.com/en/hi/groups/personalized/HUBWHHF-WVSIPP-20110607/index.jhtml?WT.mc_id=POG
Group Name: PAIN 2011/ Group Code: WVSIPP

Method of Payment

___ Check (Make payable to The WVSIPP)
___ VISA ___ MC ___ AMEX Credit Card # _____ Exp. _____
Security # _____ (3-4 digits on reverse side of card)

Cardholder's Name: (as it appears on card) _____

Billing Address: (if different from mailing address) _____

Cardholder's Signature: _____ Date: _____