

PAIN 2011

Hilton Waterfront Resort, Huntington Beach, CA

Friday, June 10 - Sunday, June 12, 2011

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

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

AMA Category 1 CME credit hrs. available for medical/scientific sessions through the WVSIPP. Units credited commensurate with the number of credit hrs. attended.

Session Registration: *use a separate form for each person if a different credit card will be charged*

- Please do let us know if you will be attending the Friday night welcome reception and if you will be bringing a guest

<u>Qty.</u>	<u>Session Description</u>	<u>Fee</u>	<u>Qty.</u>	<u>Session Description</u>	<u>Fee</u>
_____	Physician – WVSIPP member	\$500.00	_____	Industry Attendee	\$600.00
_____	Physician – non-WVSIPP	\$600.00	_____	Faculty	N/C
_____	Physician – ASIPP member	\$500.00	_____	Midlevel Practitioner	\$500.00
_____	Friday Reception guest	\$100.00	_____	WVSIPP Board Member	N/C
	Total Registration Fee	\$ _____			

All registrations received prior to 9/28/2010 are eligible for a \$100 discount on medical sessions

Name Badge and Contact Information *(additional name badge form attached)*

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-](http://www.hilton.com/en/hi/groups/personalized/HUBWHHF-WVSIPP-20110607/index.jhtml?WT.mc_id=POG)

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: _____