



34TH ANNUAL MEETING & PRECONFERENCES REGISTRATION FORM

April 26–29, 2018 • Vancouver, BC, Canada

Preconference sessions: April 25–26, 2018

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 _____

Primary Work Setting _____

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 by checking here.

Home phone _____ Office phone _____ Specialty _____

E-mail (required) _____ Check here if this will be your first AAPM Annual Meeting.

Emergency contact name _____ Day phone _____ Evening phone _____

AAPM Annual Meeting, April 26–29 A

	By 2/28	After 2/28
Nonmember/Industry*	<input type="checkbox"/> \$880	<input type="checkbox"/> \$980
AAPM Physician Member	<input type="checkbox"/> \$680	<input type="checkbox"/> \$780
AAPM Affiliate Member/Military/VA/DoD**	<input type="checkbox"/> \$400	<input type="checkbox"/> \$500
AAPM Student, Resident, or Trainee Member	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200

AAPM Join and Register Annual Meeting, April 26–29 B

See page 17 for membership information.

	By 2/28	After 2/28
AAPM Physician Member	<input type="checkbox"/> \$970	<input type="checkbox"/> \$1070
AAPM Affiliate Member	<input type="checkbox"/> \$500	<input type="checkbox"/> \$600
AAPM Student, Resident, or Trainee Member	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200

One-Day Registration: Friday, Saturday, or Sunday C

	Friday, April 27 or Saturday, April 28		Sunday, April 29	
	By 2/28	After 2/28	By 2/28	After 2/28
Nonmember/Industry*	<input type="checkbox"/> \$425	<input type="checkbox"/> \$525	<input type="checkbox"/> \$200	<input type="checkbox"/> \$300
AAPM Physician Member	<input type="checkbox"/> \$325	<input type="checkbox"/> \$425	<input type="checkbox"/> \$150	<input type="checkbox"/> \$250
AAPM Affiliate Member/Military/VA/DoD**	<input type="checkbox"/> \$200	<input type="checkbox"/> \$300	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200
AAPM Student, Resident, or Trainee Member	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$75	<input type="checkbox"/> \$75

Subtotal Boxes A–C \$ _____

Guest Registration D

Number of guest badges _____ x \$180

Guest name(s) _____

Subtotal Box D \$ _____

Giving Opportunities E

Yes! I would like to support a Pain Medicine Fellows Scholarship. \$ _____

Yes! I'd like to support the AAPM Foundation. \$ _____

Subtotal Box E \$ _____

Pain Medicine Best Practices: Integrative Solutions for Critical Challenges Preconference, April 25 F

	By 2/28	After 2/28
Nonmember/Industry*	<input type="checkbox"/> \$525	<input type="checkbox"/> \$625
AAPM Physician Member	<input type="checkbox"/> \$450	<input type="checkbox"/> \$550
AAPM Affiliate Member/Military/VA/DoD**	<input type="checkbox"/> \$375	<input type="checkbox"/> \$475
AAPM Student, Resident, or Trainee Member	<input type="checkbox"/> \$250	<input type="checkbox"/> \$250

Subtotal Box F \$ _____

Interdisciplinary/Multidisciplinary Pain-Based Care Preconference, April 26 G

	By 2/28	After 2/28
Nonmember/Industry*	<input type="checkbox"/> \$525	<input type="checkbox"/> \$625
AAPM Physician Member	<input type="checkbox"/> \$450	<input type="checkbox"/> \$550
AAPM Affiliate Member/Military/VA/DoD**	<input type="checkbox"/> \$375	<input type="checkbox"/> \$475
AAPM Student, Resident, or Trainee Member	<input type="checkbox"/> \$250	<input type="checkbox"/> \$250

Subtotal Box G \$ _____

TOTAL H

Be sure to complete all boxes. (A through G) \$ _____

Concurrent Session Selections, April 27–29 I

Friday, April 27

11 am–Noon	1:45–2:45 pm	3:45–4:45 pm	5–6 pm
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Saturday, April 28

9:15–10:15 am	11:30 am–12:30 pm	2:15–3:15 pm	3:30–4:30 pm	4:45–5:45 pm
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Sunday, April 29

8–9 am	9:15–10:15 am	10:30–11:30 am	11:45 am–12:45 pm
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Special Requests J

I will require special assistance. Please contact me.

I will need a vegetarian meal.

I will need a kosher meal.

4 Easy Ways to Register/Join

- Online**
painmed.org
(Credit card payment only)
- Phone**
847.375.4731
(Credit card payment only)
- Fax**
847.375.6477
(Credit card payment only)
- Mail**
AAPM Annual Meeting
PO Box 3781, Oak Brook, IL 60522

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, registration will not be processed. Full payment must be postmarked on or before February 28, 2018, to qualify for early bird rates. A \$50 fee will be applied to onsite registration. **Cancellation Policy:** All cancellations must be submitted in writing. A \$100 processing fee applies to all cancellations. All refunds will be processed after the Annual Meeting. Refunds will not be made on cancellations postmarked after March 26, 2018.

*Industry attendees must register at the industry rate regardless of membership status.

**Note: Military rate applies to active duty service members and DoD and VA employees with a current ID presented onsite.