



Brain Embodiment: Transformational Pain Treatment

August 27-28 in Portland, October 22-23 in Eugene



Details at: www.painsociety.com

Register online www.painsociety.com/register or by phone (541) 345-7300 or (503) 360-1171

Conference Location

Portland Conference: Doubletree
1000 Northeast Multnomah Street,
Portland, OR 97232.

Eugene Conference: Lane Community College
Center for Meeting and Learning, Building 19
4000 E 30th Ave, Eugene, OR. 97405

Dates to Remember

Portland Conference:

- Early registration ends Aug 6
- Registration ends Aug 23

Eugene Conference:

- Early registration ends Oct 1
- Registration ends Oct 18

Registration Fees

	Non-Member	Join PSO & Register	PSO Member	ONA Member	Student	Student Join PSO & Register	Patients & Non-Healthcare
Early	\$270	\$380	\$230	\$240	\$135	\$210	\$135
Normal	\$300	\$405	\$255	\$270	\$150	\$225	\$150

Registration includes attendance at the conference and conference materials.

Become a member of the PSO when you register & receive member pricing (discounts already included in prices). Membership and student status will be verified with PSO, ONA, and school records. PSO Membership applications will be reviewed before final acceptance. Additional info may be requested



Example Membership Benefits:

- Discounts at and access to cutting edge multidisciplinary continuing education programs
- Networking opportunities with other medical professionals
- Inclusion in digital and printed Membership Directory

To Register:

1. **Complete the** "Registration Form." Items with an asterix (*) MUST be filled out.
2. **Include payment** via credit card or check made payable to Pain Society of Oregon
3. **Send form and payment** to Pain Society of Oregon, 610 SW Broadway, Suite 603, Portland, OR 97205, fax (800) 763-6814, or e-mail conference@painsociety.com

Cancellation Policy See: <http://www.painsociety.com/conference/annual/cancellation.php>

Questions? We'd love to talk to you.

Eugene: 360 S Garden Way, Ste 101, Eugene, OR **Portland:** 610 SW Broadway, Ste 603, Portland OR
Eugene Tel: (541) 345-7300 **Portland Tel:** (503) 360-1171 **Email:** conference@painsociety.com

Registration Form - Brain Embodiment

Name*:		Degree/Title*:	
Licenses Held:			
Address*:			
City*:	State*:	Zip*:	
Phone*:		E-mail*:	
Do you have any accessibility, dietary, or other needs for this conference?			

Your e-mail will be used to send conference notifications & PSO event info. You may unsubscribe from PSO email lists any time.

What conference are you attending: **August 27-28** **October 22-23**

Registration Fees (Circle your registration type):

	Non-Member	Join PSO & Register	PSO Member	ONA Member	Student	Student Join PSO & Register	Patients & Community
Early	\$270	\$380	\$230	\$240	\$135	\$210	\$135
Normal	\$300	\$405	\$255	\$270	\$150	\$225	\$150

Payment

Check (Payable to the Pain Society of Oregon) Visa or MasterCard

Type of Credit Card:		Name on Card:	
Credit Card Number:		Expiration Date:	CCV:
Billing Address (If different than above):			
City:	State:	Zip:	

Cardholder's Authorized Signature*: _____ **Date*:** _____

Send form and payment to Pain Society of Oregon, 610 SW Broadway, Suite 603, Portland, OR 97205, fax (800) 763-6814, or e-mail conference@painsociety.com