

Pain Society of Oregon Presenter Questionnaire

Name & Title: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Fax: _____

Email: _____

Title of Proposed Presentation: _____

Other Presenters Names & Titles: _____

Desired Dates for Presentation (1st & 2nd choices): _____

Portland: Jan 17, Feb 21, Mar 20, Apr 17, May 15, June 19, Sept 18, Oct 16, Nov 20

Eugene: Jan 18, Feb 15, Mar 21, Apr 18, May 16, June 20, Sept 19, Oct 17, Nov 21

Brief Summary of Presentation: _____

Return completed form to Pain Society of Oregon for more information.
Fax 541-345-7301 or email info@painsociety.com