

# DIRECTORY

The Pain Society of Oregon offers members a full page entry in PSO Membership Directory published and distributed to other providers as well as digital directory entry on our website for easy referrals and access.

**Areas of Specialty/ Areas of Special Interest in Pain:** \_\_\_\_\_

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**Awards, Honors, Specialized Training:** \_\_\_\_\_

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**Professional Affiliations** (Please spell acronyms out):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Describe your Clinical Practice** (200 words or less):

**Include a digital photo if you would like one in the directory.**

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Return this form to the Pain Society of Oregon by mail to: 360 S. Garden Way, Suite 101, Eugene, OR. 97401, Fax, 541.345.7301 or e-mail [info@painsociety.com](mailto:info@painsociety.com). *If you need more space, attach additional documents to this application.*