

DIRECTORY

The Pain Society of Oregon offers members a digital directory entry on our website for easy referrals and access.

Please print or type. Items with an asterix (*) MUST be completed.

Name*		Degree/Title*
Office Address *		
City*	State*	Zip*
Office Phone*		Fax
Business E-mail		Website

Areas of Specialty/ Areas of Special Interest in Pain: _____

Awards, Honors, Specialized Training: _____

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.

Return this form to the Pain Society of Oregon: 360 S. Garden Way, Suite 101, Eugene, OR 97401
Fax, 800.763.6814 or e-mail info@painsociety.com.

If you need more space, attach additional documents to this application.