

## REGISTRATION FORM

### The Third Cornell Pain Medicine Symposium: Evidence Based Practice & Updates in Pain Medicine

**Saturday, November 7, 2009 from 8:00am to 5:30pm**

Complete this registration form and fax to 212-746-8563 or email to [paincme@med.cornell.edu](mailto:paincme@med.cornell.edu), and you will receive a confirmation email.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Institution: \_\_\_\_\_

Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

#### REGISTRATION TYPE:

Physicians – Early Bird Registration Fee (**\$150.00 before October 30, 2009**)

Physicians – **After October 30, 2009** and on-site registration - **\$195.00**

**Nurses - \$25.00** registration fee

**FREE** to Fellows, Residents (**must pre-register** and provide proof of status)

#### METHOD OF PAYMENT: Check.

Please make check payable to **Weill Cornell Medical College** and attach the email confirmation to your payment prior to mailing. Check or money order should be mailed to:

Attn: Marlene Augustine  
Pain Medicine-Anesthesia Dept.  
Weill Cornell Medical College  
525 E68th Street, Box 124  
New York, NY 10065

Registration Fee includes breakfast, coffee breaks, lunch and cocktail and dinner.

**ALL PARTICIPANTS ARE INVITED TO COCKTAIL AND DINNER, PLEASE RSVP.**

Refund policy: A handling fee of \$25 will be deducted from your refund for cancellation. Refund request must be received one week prior to the program. No refund will be made thereafter.