

# APS SCIENTIFIC MEETING

April 3–6, 2019 | Wisconsin Center | Milwaukee, WI

Please type or print clearly. Use a separate form for each registrant; duplicate as necessary.

FOR OFFICE USE ONLY

Customer # \_\_\_\_\_ Mtg Ord # 1- \_\_\_\_\_

Date \_\_\_\_\_ I \_\_\_\_\_

Full Name \_\_\_\_\_ First Name for Badge \_\_\_\_\_ Highest Credential \_\_\_\_\_

Facility \_\_\_\_\_ Facility City/State \_\_\_\_\_

Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

Phone \_\_\_\_\_ E-mail (required) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

I am a basic science researcher.  I am a clinical researcher.  I am an early career professional.  I am a first-time attendee.

To register, make your selections in the boxes below, add the subtotals, and indicate the total in box I.

<b>Full Meeting and Special Event Registration</b> <b>A</b> <b>APS Member</b> Income > \$100,000 <input type="checkbox"/> \$785 <input type="checkbox"/> \$885 Income < \$100,000 <input type="checkbox"/> \$435 <input type="checkbox"/> \$565 Student/Trainee <input type="checkbox"/> \$165 <input type="checkbox"/> \$270 Industry <input type="checkbox"/> \$795 <input type="checkbox"/> \$895 <b>Nonmember</b> <i>Join and save in box C.</i> Income > \$100,000 <input type="checkbox"/> \$920 <input type="checkbox"/> \$1,050 Income < \$100,000 <input type="checkbox"/> \$615 <input type="checkbox"/> \$745 Student/Trainee <input type="checkbox"/> \$285 <input type="checkbox"/> \$365 Industry <input type="checkbox"/> \$995 <input type="checkbox"/> \$1,050 <b>Friday April 5, 7:30-9 pm</b> Basic Science Dinner <input type="checkbox"/> \$25 <b>Subtotal \$</b> _____	<b>Join APS (Membership Rates)</b> <b>C</b> <b>JOIN NOW &amp; SAVE 20%!</b> <b>Regular Membership</b> Income ≤ \$74,999 <input type="checkbox"/> \$136 \$75,000 to \$124,999 <input type="checkbox"/> \$188 \$125,000 to \$174,999 <input type="checkbox"/> \$276 ≥ \$175,000 <input type="checkbox"/> \$332 <b>Discounted Rate</b> <input type="checkbox"/> \$124 <input type="checkbox"/> \$64 <input type="checkbox"/> \$64 <input type="checkbox"/> \$96 <b>Subtotal \$</b> _____	<b>Preconference Registration</b> <b>F</b> <i>For up-to-date information see <a href="http://americanpainsociety.org/2019">americanpainsociety.org/2019</a>.</i> Member Nonmember (SP) Spring Pain <input type="checkbox"/> \$160 <input type="checkbox"/> \$175 Tues, April 2, 3:30 pm-Wed, April 3, 5 pm <b>Wednesday, April 3</b> On or Before 1/31/19 After 1/31/19 (FC) Fundamentals Course <input type="checkbox"/> \$100 <input type="checkbox"/> \$100 8 am-Noon (ECF) Early Career Forum <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 1-4:15 pm <b>Subtotal \$</b> _____
<b>1-Day Meeting Registration</b> <b>B</b> <i>Please select which day you will attend.</i> <input type="checkbox"/> Thursday, April 4 <input type="checkbox"/> Friday, April 5 <input type="checkbox"/> Saturday, April 6 <b>APS Member (1-Day Rate)</b> Income > \$100,000 <input type="checkbox"/> \$400 Income < \$100,000 <input type="checkbox"/> \$300 Student/Trainee <input type="checkbox"/> \$95 Industry <input type="checkbox"/> \$560 <b>Nonmember (1-Day Rate)</b> Income > \$100,000 <input type="checkbox"/> \$475 Income < \$100,000 <input type="checkbox"/> \$420 Student/Trainee <input type="checkbox"/> \$110 Industry <input type="checkbox"/> \$665 <b>Subtotal \$</b> _____	<b>Donation to the Pain Research Fund</b> <b>D</b> <i>APS is a 501(c)(3) nonprofit organization. Contributions are tax-deductible to the extent allowed by law.</i> <b>Subtotal \$</b> _____	<b>Scientific Meeting Session Recordings</b> <b>G</b> (7044-104) <i>Includes up to 39.5 hours of content. CE available for eligible sessions.</i> APS Member <input type="checkbox"/> \$40 Nonmember <input type="checkbox"/> \$85 <b>Subtotal \$</b> _____
	<b>Guest Registration</b> <b>E</b> <i>Includes access to the awards reception. No continuing education credits are offered with a guest pass.</i> Guest Name(s) _____ _____ _____ Number of Guests _____ x \$75 <b>Subtotal \$</b> _____	<b>Special Needs</b> <b>H</b> <input type="checkbox"/> I do not wish to have my name and contact information included in the onsite attendee list. <input type="checkbox"/> Gluten-free meal request <input type="checkbox"/> Vegetarian meal request <input type="checkbox"/> I have other needs. Please contact me.
		<b>Grand Total</b> <b>I</b> <b>(A or B) + C + D + E + F + G =</b> _____

## 4 easy ways to register

**Online** (credit card payment only)  
*preferred method*  
[americanpainsociety.org](http://americanpainsociety.org)

**Phone** (credit card payment only)  
847.375.4715

**Fax** (credit card payment only)  
866.574.2654 or 847.375.6479  
732.460.7318 (international)  
If you fax this form, please do not mail the original.

**Mail**  
APS Meeting  
PO Box 3781  
Oak Brook, IL 60522

**Payment**  **MasterCard**  **VISA**  **American Express**  **Discover**  **Check (enclosed)**

• Make checks payable to APS.

• A charge of \$75 will apply to checks returned for insufficient funds.

• A \$75 processing fee will be charged if a rebilling of a credit card charge is necessary.

• I authorize APS to charge the above listed credit card amounts reasonably deemed by APS to be accurate and appropriate.

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder's Name (print) \_\_\_\_\_ Signature \_\_\_\_\_

**If payment does not accompany this form, your registration will not be processed.**

**Cancellation Policy:** All cancellations must be made in writing. A \$100 processing fee will apply to all cancelled registrations. **No refunds will be made on cancellations postmarked after March 20.** All refunds will be issued after the meeting.

**Photography Disclosure:** Photographs and/or video may be taken of participants at the APS Scientific Meeting. These photos are for APS use only and may appear on the APS website, in printed brochures, or in other promotional materials. Attendee registration grants APS permission and consent for use of this photography.

APS reserves the right to substitute faculty or to cancel or reschedule sessions because of low enrollment or other unforeseen circumstances. If APS must cancel the entire meeting, registrants will receive a full credit or refund of their paid registration fee. No refunds can be made for lodging, airfare, or any other expenses related to attending the conference.

**IASP**