



Evaluating and Treating Pain

Principles and Practice of Pain Medicine

June 1–5, 2015

Cambridge, MA

Course # 352424

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To Register by Mail:

Complete the fields below and on the attached page(s) and include a check (draft on a United States bank) payable to:

Harvard Medical School Department of Continuing Education

Mail these completed forms and your check to:

**Harvard Medical School Department of Continuing Education
P.O. Box 417476**

Payment, Confirmation, Refund Policy

Refunds, less an administrative fee of \$75, will be issued for all cancellations received two weeks prior to the start of the course. Refund requests must be received by postal mail, email, or fax. No refund will be issued should cancellation occur less than two weeks prior. "No shows" are subject to the full course fee and no refunds will be issued once the conference has started. Please do not make non-refundable travel arrangements until you have received an email confirming your registration.

You can also register by credit card (VISA, MasterCard or American

Please print your name clearly below. All fields are required.

Full Name _____
First Middle Initial Last

Profession _____ Degree _____

Mailing Address _____
Street City

State/Prov Zip Code Country

Daytime Phone (____) _____ Fax Number(____) _____

Email Address _____

Please note: Your email address is used for critical information, including registration confirmation, evaluation, and certificate. Please be sure to include an email address that you check daily or frequently.

☐ Check here if you wish to be excluded from receiving email notification of future Harvard Medical School Department of Continuing Education programs.

Physicians, Please Also Complete These Required Fields

Primary Specialty _____ Board Certified? ☐ Yes ☐ No

Professional School Attended ☐ Harvard Medical School ☐ US Medical School ☐ International Medical School

Year of Graduation _____

Source Code=D

Questions? Call 617-384-8600 Monday-Friday 9am – 5pm (EST) or send email to hms-cme@hms.harvard.edu



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Please re-print your name below.

Full Name _____

First

Middle Initial

Last

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Course Tuition

Register after
April 10, 2015

Register by
April 10, 2015
(Save \$100)

☐ **Physician**

\$1295

\$1195

☐ **Trainee/Allied Health Professional**

\$995

\$895

Optional Add-On Workshops

Please check the box(es) below to indicate your selection(s).

☐ **Ultrasound Workshop**

*Tuesday evening, June 2, 2015, 6:00–9:00pm
Dinner included*

\$350

☐ **Acupuncture Workshop**

*Wednesday evening, June 3, 2015, 6:00pm–9:00pm
Dinner included*

\$295

☐ **Meditation Workshop**

*Thursday evening, June 4, 2015, 6:00pm–9:00pm
Dinner included*

\$85

Processing (service fee)

\$5

Your Total

\$_____

Source Code=D