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 North Suburban Medical Center
 Presbyterian/St. Luke's Medical Center &
 Rocky Mountain Hospital for Children
 Spalding Rehabilitation Hospital
 Rose Medical Center
 Sky Ridge Medical Center
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 LEADING HOSPITALS. TRUSTED CARE.



ATTENDEE REGISTRATION FORM
The Colorado Pain Society Annual Meeting
Doubletree Hotel, Breckenridge, CO
April 21-23, 2017
 Email to: Copainsociety@gmail.com

Name: _____

MD PhD

Name (*for name badge*): _____

DO Other

Affiliation: _____ Email: _____

Address: _____

City/State/Zip: _____

Business Phone: _____ Cell Phone : _____

FEES:

CPS Member - MD/ PhD/ PharmD/ DC, PA, NP: \$100 _____ Non-member: \$150 _____

Ancillary staff (RN, BSN, LPN): \$75 _____

HOTEL INFORMATION:

The Society has reserved a limited number of sleeping rooms at the discounted rate of **\$140** Single/Double plus tax and resort fee. Once the rooms are booked and or the sleeping block discount expires, the hotel rates may increase in March. Please call the hotel directly at **1 (888) 525-1787** and **provide the group code GJ8**. The Society's rates expire when the rooms sell out -- or on March 1, 2017 - whichever is sooner. **Do not delay! Book today!**

PAYMENT OPTIONS:

() Enclosed is \$ _____ Check# _____

Please make checks payable to *The Colorado Pain Society, Attn: Kevin Smith, MD, 6950 East Belleview Ave, Ste 300, Greenwood Village, CO 80111.*

() Please pay by Credit Card.

The Society will send you an invoice for payment by credit card upon receipt of your registration form.

SIGNATURE _____ DATE _____

Registration deadline is March 10, 2017

Email to: Copainsociety@gmail.com

QUESTIONS? CALL MAUREEN GAEKE AT (303) 547-8406

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