

6TH WORLD CONGRESS – WORLD INSTITUTE OF PAIN (WIP)

Miami Beach, Florida, USA February 4-6, 2012

WIP 2012 REGISTRATION FORM

Please PRINT in BLOCK LETTERS and FAX, E-MAIL or AIRMAIL to:



Registration and Accommodation Department
1-3 Rue de Chantepoulet, CH-1211 Geneva 1, Switzerland

Tel: +41 22 908 0488

Fax: +41 22 9069140

E-mail: WIP2012_reg@kenes.com

USA FAX Number:
1.336.760.2981

Identification

Please complete this section accurately. The information you provide will allow us to correspond with you efficiently.

Participant (Please TYPE or PRINT IN BLOCK LETTERS)

Family Name Initials First Name

Title Prof. Dr. Mr. Mrs. Ms. Year of birth [YYYY] _____

E- Mail Address _____ @ _____ Mobile phone: (+ _____) - _____

Office Address

Institute Dept.

No. Street Suite/Apt.

City State/Province Country Postal code

Telephone (office hours):Country code/city code/number Fax: Country code/city code/number

Mailing Address (if different from the above)

Address line 1

Address line 2

City State/Province Country Postal code

You and Your Privacy

Please note that companies may be offered the opportunity to hold Satellite Symposium at this specific event.

As a Congress registrant, your mailing details may be forwarded to companies organizing Satellite Symposia. Companies receiving your mailing details will be permitted to use your details one time only for the purpose of sending you Satellite Symposia invitations. Under the Laws of Privacy, you are entitled to object at any time to the processing and usage of your mailing details.

I DO NOT wish my details to be forwarded to companies organizing satellites

REGISTRATION FEES (US\$)

Category	Before November 7, 2011	November 8, 2011 to January 23, 2012	From January 24, 2012
Members*	<input type="checkbox"/> \$ 500	<input type="checkbox"/> \$600	<input type="checkbox"/> \$700
Non Members	<input type="checkbox"/> \$600	<input type="checkbox"/> \$750	<input type="checkbox"/> \$850
Non-Physician / Resident / Student**	<input type="checkbox"/> \$350	<input type="checkbox"/> \$400	<input type="checkbox"/> \$450
Refresher Course (only)***		<input type="checkbox"/> \$200	

*Members who wish to benefit from the reduced registration rates must have renewed their membership for 2011-2012 before registering for the Congress.

** In order to obtain the special fee for Resident/Student, an approval letter signed by the head of the department or a student card must accompany the registration form. For Non-Physicians a proof of status is mandatory. Please send approval letter/proof of status by email to WIP2012_reg@kenes.com or by fax to the attention of Yael Ronen to number +41 22 9069140

***Refresher Course is available for all participants however additional payment is required for this function. Registration for the Refresher Course only (without registering for the entire congress) is also optional.

Abstract number (if applicable) - _____

Please indicate type of facility where employed (choose one)

Hospital University Hospital University Private practice Research institute Industry Press Comprehensive care clinic Government agency Laboratory Other (please specify) _____

Please indicate your professional role (choose one)

Clinical practitioner Clinician researcher Basic science researcher Epidemiology/Statistics Nurse/Healthcare practitioner Health administrator Industry/Corporate professional Resident/Research Fellow Student Other (please specify) _____

Please indicate your area of expertise (choose one)

Anesthesiology Neurology Family & Internal Medicine Physical Medicine & Rehabilitation Neuroscience Pharmacology Neurosurgery Oncology Orthopedics Other (please specify) _____

