2017 Pain Care for Primary Care (PCPC)

NOTE: Group registrations MUST be submitted together for group prices.

Prices below for reference only, please indicate in payment section when completing registration on next page

PCPC EAST – August 3-5, 2017 at Walt Disney World Dolphin Hotel, Orlando, FL				
SINGLE REGISTRANT				
	Until April 7	**April 8 – May 12**	**May 13 – June 30**	**After June 30**
MDs / DOs / PhDs	$375	$395	$495	$595
Residents / Fellows / NPs / PAs / RNs / Allied Health	$275	$295	$395	$495
2 or MORE REGISTRANTS				
SAVE UP TO $100 EACH!	**Until April 7**	**April 8 – May 12**	**May 13 – June 30**	**After June 30**
MDs / DOs / PhDs	$325	$345	$425	$495
Residents / Fellows / NPs / PAs / RNs / Allied Health	$225	$245	$325	$395
Optional P.E.P Program				
Non PCPC attendees welcome – bring your staff!	**Until April 7**	**April 8 – May 12**	**May 13 – June 30**	**After June 30**
	$195	$250	$295	$325

PCPC WEST – November 17-19, 2017 Hilton San Francisco Union Square, CA				
SINGLE REGISTRANT				
	Until July 14	**Jul 15-August 18**	**August 19-October 6**	**After October 6**
MDs / DOs / PhDs	$375	$395	$495	$595
Residents / Fellows / NPs / PAs / RNs / Allied Health	$275	$295	$395	$495
2 or MORE REGISTRANTS				
SAVE UP TO $100 EACH!	**Until July 14**	**Jul 15-August 18**	**August 19-October 6**	**After October 6**
MDs / DOs / PhDs	$325	$345	$425	$495
Residents / Fellows / NPs / PAs / RNs / Allied Health	$225	$245	$325	$395
Optional P.E.P Program				
Non PCPC attendees welcome – bring your staff!	**Until July 14**	**Jul 15-August 18**	**August 19-October 6**	**After October 6**
	$195	$250	$295	$325

PCPC Cancellation Policy:
A refund less a $50 administrative fee as follows: You may cancel your registration using our online registration system prior to July 10, 2017 (PCPC East) and October 25, 2017 (PCPC West). After these dates no refunds will be granted. After the refund date, you have two options: you can transfer your registration to another party using our online registration system, or receive a credit in the amount you paid less a $50 administrative fee to be applied to your registration for next year's conference. Refunds will not be issued to no-shows.

Global Academy for Medical Education is not responsible for nonrefundable, nontransferable airline tickets or hotel accommodations purchased for attendance at this course. The registration fee covers attendance to the scientific meeting, continental breakfasts, coffee breaks, lunches when provided, and exhibits.

RETURN THIS FORM TO:
PCPC c/o Global Academy for Medical Education
7 Century Drive, Suite 301, Parsippany, NJ 07054
fax: 201-822-6114 email: PCPC@globalacademycme.com

2017 Pain Care for Primary Care (PCPC)

Print additional pages as needed

DATE / VENUE *(Please check date / venue that applies)*

- ☐ **August 3-5, 2017 at Walt Disney World Dolphin Hotel, Orlando, FL *(PCPC East)***
- ☐ **November 17-19, 2017 Hilton San Francisco Union Square, CA *(PCPC***

REGISTRATION INFORMATION

First Name: Last Name:

NPI / ME or License Number:

Degree: ☐ MD ☐ DO ☐ PhD ☐ Fellow ☐ Resident ☐ RN ☐ NP ☐ PA ☐ Pharm D ☐ Other

Practice Name/Affiliation:

Address:

City: State: Zip Code:

Phone: Fax:

Email Address *(for confirmation):*

Specialty:

Years in Practice: ☐ 1-5 ☐ 6-10 ☐ 11-15 ☐ 16-20 ☐ 20+

Type of Practice: ☐ Office ☐ Hospital ☐ Clinic ☐ Other _____

How did you learn about MEDS: ☐ Brochure by mail ☐ Email invitation ☐ Ad in journal ☐ Online banner ad ☐ Colleague ☐ Social Media ☐ Other _____

Attendance: ☐ First year ☐ Previous attendee

REGISTRATION OPTION *(Please check option below & note price from attached page)*

☐ MDs / DOs / PhDs ☐ Residents / NPs / PAs / RNs / Allied Health

OPTIONAL P.E.P PROGRAM

☐ I am attending the post conference optional P.E.P Program

TOTAL REGISTRANTS _____ YOUR PRICE $ _____

PAYMENT INFORMATION

All fees must be paid in advance and accompany this registration form. Forms received without payment will not be processed. Sorry we cannot bill. (Federal Tax ID #27-0893910). NOTE: Group registrations MUST be submitted together for group prices.

☐ Individual registration, please charge card below

☐ Part of group, please charge card below ☐ Part of group, please charge entire group to same card

Additional Info / Instructions: _____

☐ AMEX ☐ MasterCard ☐ Visa ☐ Check enclosed. Payable to:
Global Academy for Medical Education (GAME) / MEDS

Credit card number Exp. Date

Name on card Signature

RETURN THIS FORM TO:
PCPC c/o Global Academy for Medical Education
7 Century Drive, Suite 301, Parsippany, NJ 07054
fax: 201-822-6114 email: PCPC@globalacademycme.com