

NOTES FROM THE BATTLEFIELD, A CANDID DIALOGUE WITH THOSE TREATING INJURED WORKERS WITH CHRONIC PAIN AND OPIATE SYNDROMES.

REGISTRATION FORM

DATE: MARCH 16TH 2018

VENUE: CAPITOL PLAZA HOTEL & CONFERENCE CENTER 100 STATE ST MONTPELIER VT 05602

REGISTRATION DETAILS

Dr. Mr. Ms.

Last Name:..... First Name:

Title:

Organization/Company:.....

Address:.....

Zip code: Phone:..... Fax:

Email:

REGISTRATION FEE

Public Officials	<input type="checkbox"/>	Fee Waived*
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**The registration fee includes complimentary breakfast.*

CANCELLATION POLICY

All cancellations must be in writing. Replacements by colleagues, i.e. transfer of the registration are much welcome.

COMPLETED FORMS CAN BE EMAILED OR FAXED TO:

Email-fredfrey@vrsdm.com FAX: 802-662-4327

DATA PROTECTION STATEMENT & PERSONALITY / IMAGE RIGHTS

By filling out the registration form, the participant gives consent that ORGANIZER can process the data provided within the framework of the conference and allow photographs to be made during the conference. This includes, unless registered participants object, all handling needed for the applicant's participation at the event and for the drafting of a list of participants which will be distributed at the conference, and placing photographs in the pictures gallery accessible only by participants and ORGANIZER members, in the ORGANIZER newsletter or selecting some for articles on the conference in a journal or newspaper, or in any other web/printed publication.