



**TNA REGISTRATION FORM – [WWW.ENDTHEPAIN.ORG](http://WWW.ENDTHEPAIN.ORG)  
NEW YORK CITY CONTINUING EDUCATION COURSE**

First \_\_\_\_\_ Last \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

**Fees:**

Physician	\$100
Dentist	\$100
NYU Faculty Dentist *	\$75
Allied Health Care Professional	\$50
Resident	\$0

Registration Fee: \$ \_\_\_\_\_

\* NYU faculty member ID required at course.

Help someone who would otherwise be unable to attend this conference by making a tax-deductible donation in any amount you choose.

\$ \_\_\_\_\_

Total Amount Due: \$ \_\_\_\_\_

Registration fees may be paid by check payable to TNA or by credit card. If paying by credit card, complete the following:

American Express       Discover       MasterCard       Visa

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

Name on Credit Card \_\_\_\_\_

Signature of Card Holder \_\_\_\_\_

Return completed registration form with your payment to:

TNA Registration, P.O. Box 92604, Southlake, TX 76092  
Fax (817) 416-9871