



TNA REGIONAL CONTINUING EDUCATION COURSE – LA JOLLA, CA
REGISTER ONLINE AT WWW.ENDTHEPAIN.ORG

First _____ Last _____ Title _____

Address _____

City _____ State _____ Zip Code _____

Phone_(_____)_____

Email _____

Additional Guest Names:

First _____ Last _____ Title _____

First _____ Last _____ Title _____

The registration fee is \$40 per person. \$ _____

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
Phone (817) 416-7202
Fax (817) 416-9871