



**TNA REGISTRATION FORM – WWW.ENDTHEPAIN.ORG
NEW YORK CITY REGIONAL PATIENT CONFERENCE**

First _____ Last _____ Title _____

Address _____

City _____ State _____ Zip Code _____

Phone_(_____)_____

Email _____

Additional Guests Names:

First _____ Last _____ Title _____

First _____ Last _____ Title _____

First _____ Last _____ Title _____

The registration fee covers course materials and lunch. If registering by April 15th, the fee is \$60 per person. After April 15th, the fee is \$80 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 CONFERENCE OFFICE
P.O. BOX 92604, SOUTHLAKE, TX 76092
FAX (817) 416-9871**