

10th Annual Advanced Interventional Pain Conference and Practical Workshop

Budapest, Hungary, September 4-9, 2005

REGISTRATION AND ACCOMMODATION FORM

Please PRINT in BLOCK LETTERS and FAX, Email or AIRMAIL to:

KENES *International*
CARES FOR YOUR ORGANIZATION

Registration and Accommodation Dept.

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E-mail: wip_reg@kenes.com

IDENTIFICATION

Please complete this section accurately. The information you provide will allow us to correspond with you efficiently.

Participant (Please TYPE or PRINT IN BLOCK LETTERS)

_____ | _____
Family Name | Initials

First name

Title Prof. Dr. Mr. Mrs. Ms.

Mailing Address Office Residence

_____ | _____
Institute | Dept.

_____ | _____ | _____
No. | Street | Suite/Apt.

_____ | _____ | _____ | _____
City | State/Province | Country | Postal code

_____ | _____
Telephone (office hours):Country code/city code/number | Fax: Country code/city code/number

E-Mail Address

Hands-On Workshop:

Instructions: Rank your choices in order of preference (#1 being the workshop you most want to attend). Also delete any workshops that you have no interest in attending. Indicate in the space provided your level of expertise with the procedure indicated. Workshops will be offered three afternoons

Ranking	Procedure	Beginner	Intermediate	Advanced
	Radiofrequency techniques			
	Spinal infusion catheter implant procedures			
	Epiduroscopy			
	Lesion specific catheter placement techniques			
	Injections of discs and nerve roots			
	Spinal stimulating catheter placements			
	Spinal opioids			
	Discography and IDET			
	Site specific epidural catheter placement techniques			
	Vertebral body stabilization techniques			

