



Registration Form

Full Name _____ Degree _____
 Organization _____
 Job Title _____
 Street Address _____
 City _____ State _____ Zip/Postal Code _____
 Country _____
 Work Phone _____ Ext _____
 Email _____

Type of Employee: (circle one) Federal Non-Federal
Type of Participant: (circle one) Attendee Speaker Poster Presenter (*Poster session participation is by invitation only*)

If applicable, please initial:

____ **Speakers:** I understand that my bio is due to ICG@infinityconferences.com NLT May 11, 2018
 ____ **Poster Presenters:** I understand that my abstract is due to ICG@infinityconferences.com NLT April 27, 2018

Arrangements for Participants with Disabilities: Conference accommodations are accessible to persons with disabilities. Services will be made available to sensory-impaired persons attending the meeting if requested at least 7 days prior to the meeting. Please e-mail ICG@infinityconferences.com or call 703-925-9455, x0, or toll free 1-844-430-7073, x0.

No food or beverage will be provided by NIH at the Symposium. Participants may order a lunch, to include a sandwich, fruit, chips, cookie and a bottled water, to be furnished and delivered by Corner Bakery on Thursday, May 31, for a fee of **\$14.65** each.

If you would like to order lunch, please select one of the options below:

- D.C. Chicken Salad on Steakhouse Rye Mom's Smoked Turkey on Whole Grain Harvest Roast Beef & Cheddar on Sesame Roll
 Tomato Mozzarella Baguette Tuna Salad on Whole Grain Harvest

Payment for lunch must be made at time of registration. For credit card information, please include the following information and **fax** to Infinity Conference Group at **703-925-9453**. **PLEASE DO NOT EMAIL YOUR CREDIT CARD INFORMATION.** You may also fax toll free at **1-844-430-7074**.

Total Amount Due _____

Credit Card (please circle one): MasterCard Visa American Express
 Cardholder Name: _____ CC#: _____ Exp. Date: _____
 Security Code _____ Phone Number of Cardholder _____

Check: Please make checks payable to **Infinity Conference Group, Inc. Escrow Account**. Checks must be made in U.S. dollars. Please mail your registration form and check payment to: **Infinity Conference Group, Inc., 1035 Sterling Road, Suite 202, Herndon, VA 20170, Attn: Joanna Kay**

For registration-related inquiries, please call **703-925-9455, x0** or toll free **1-844-430-7073, x0** or email: ICG@infinityconferences.com. When emailing, please reference "NIH Pain Consortium Symposium" in the subject line.