



# JOINT CONFERENCE ON PAIN MANAGEMENT AND PALLIATIVE CARE

**Physicians:** Complete your 12 hours of CME in pain management and palliative care (as mandated by AB 487 and required for re-licensure in 2006 — radiologists and pathologists exempted) by attending the Joint Conference on Pain Management and Palliative Care (sponsored by the San Diego County Medical Society, the Center for Palliative Studies at San Diego Hospice & Palliative Care, and the UCSD Center for Pain and Palliative Medicine). By attending this conference, you will increase your core knowledge and skills in pain management, symptom control, care in last hours of life, wound management, effective communication and decision-making, opioid prescribing guidelines, physician billing, and how and when to refer to Hospice.

## REGISTRATION FORM

1. Name (First, Last, Degree): \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
3. Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Office Fax \_\_\_\_\_
4. E-mail Address: \_\_\_\_\_

### **STEP ONE: Which Conference Date Would You Like to Attend?**

- Date & Time:** September 23–24, 2006 • Each Day 8AM–5:30PM  
**Amount:** \$325 Early Registration (you must register by midnight, August 25, 2006) • \$400 Full Registration  
**Location:** San Diego Hospice & Palliative Care, 4311 3rd Ave., San Diego, CA 92103 (location tentative)
- Date & Time:** October 21–22, 2006 • Each Day 8AM–5:30PM  
**Amount:** \$325 Early Registration (you must register by midnight, September 22, 2006) • \$400 Full Registration  
**Location:** Rebecca and John Moores UCSD Cancer Center, 3855 Health Sciences Dr., La Jolla, CA 92093
- Date & Time:** December 8–10, 2006 • Friday, 5PM–9PM, Saturday, 8AM–5PM, Sunday, 8AM–12PM  
**Amount:** \$325 Early Registration (you must register by midnight, November 13, 2006) • \$400 Full Registration  
**Location:** San Diego Hospice & Palliative Care, 4311 3rd Ave., San Diego, CA 92103

### **STEP TWO: Do You Qualify for the SDCMS-CMA Member Discount?**

- Yes, I am an SDCMS-CMA Member and Would Like the \$125 Discount for Early Registration or the \$100 Discount for Full Registration.  
 My CMA Number Is: \_\_\_\_\_ (Call Lucy Heath at SDCMS if you do not know your CMA number: (858) 300-2783.)
- NO, I am NOT an SDCMS-CMA Member.

### **STEP THREE: What Is Your Total Amount Due?**

Total: \$ \_\_\_\_\_

### **STEP FOUR: How Would You Like to Pay for Your Registration?**

- Check Enclosed (made payable to: San Diego Hospice & Palliative Care)
- Charge My  Visa or  MasterCard  
 Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Name on the Card: \_\_\_\_\_ Billing Address ZIP Code: \_\_\_\_\_

### **STEP FIVE: Return This Registration Form to SDCMS**

Fax this form to SDCMS at (858) 569-1334 or mail it to SDCMS, Attn.: Lucy Heath, at 5575 Ruffin Rd., Suite 250, San Diego, CA 92123

**Further Questions: Call Lucy Heath at SDCMS at (858) 300-2783**