



Kansas City Regional Conference, KS - Saturday, Sept 16th, 2017

Marriott Kansas City Overland Park, 10800 Metcalf Avenue Overland Park, KS

	Fee	# of People	Total
Member Registration Fee	\$79	_____	_____
Non-member Registration Fee	\$99	_____	_____
			TOTAL DUE: \$_____

Registration fee includes; conference admission and materials, lunch and refreshments.

PAYMENT:
 Check Enclosed: Visa MasterCard Amex Discover

Credit Card No. _____ Exp. Date _____ (____) 3 - 4 digit code

Signature: _____

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

So that we will be able to prepare materials for each attendee please list the name of each person you have just registered.

Name	Relation	Name	Relation
Name	Relation	Name	Relation
Name	Relation	Name	Relation

- I am a:
- Patient
 - Medical Professional
 - Friend or Family Member

- How did you hear about this conference?
- Our Website
 - Brochure
 - Facebook
 - Email
 - Facial Pain Network
 - Other

RETURN COMPLETED FORM WITH FEE TO:

The Facial Pain Association
 408 West University Ave., Suite 402
 Gainesville, FL 32601-3248
 Phone: 1-800-923-3608