

Focus on Neuromodulation | \$5,000 Sponsorship Opportunity

March 16, 2019 | 8 AM - 5PM

University of California San Diego Lab Training Facility San Diego, CA

REPRESENTATIVES

Who will be attending on your behalf?

Name	Email
_____	_____
Name	Email
_____	_____
Name	Email
_____	_____

PAYMENT INFORMATION

Name	Title		
_____	_____		
Company Name			

Address			

Phone	Email		
_____	_____		
<input type="checkbox"/> Check to follow within 2 weeks <input type="checkbox"/> Payment enclosed <input type="checkbox"/> Payment by credit			
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express			
Card Number	Security Code	Exp Date	/
_____	_____	_____	_____
Name on card	Signature		
_____	_____		

AGREEMENT

I agree to support the conference, "CASIPP" with the above stipulations indicated in the prospectus.

Signature _____ Date _____

Make checks payable to California Society of Interventional Pain Physicians, Inc.
Federal Tax ID#: 95-4885982

MAIL TO:
California Society of Interventional Pain Physicians, Inc.
819 Auto Center Drive
Palmdale, CA 93551

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QUESTIONS? Contact
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