

## WHY WAS NYSPS CREATED?

Advocacy, Education and Excellence in Patient Care. The New York State Pain Society was incorporated in July 2011 with its inaugural annual meeting planned for April 27-29, 2012. Many clinicians and caregivers in New York have voiced the need to create a regional medical society that provides educational programming excellence that (1) highlights issues unique to the region and (2) showcases the latest advances in acute and chronic pain management. In addition, our goal is to create a voice for pain management specialists and their patients.

## HOW CAN INDUSTRY PARTICIPATE IN NYSPS?

1. Join the Society as a Corporate Member

Either submit the attached application or log on to <u>www.nypainsociety.org</u> to print, complete and send in a membership application.

2. Support the Annual Meeting with an educational grant

Contact <u>www.nypainsociety@gmail.com</u> with your company's grant application website and corporate contact. We would be delighted to submit a request.

3. Participate in the Annual Meeting & Scientific Sessions Exhibition

April 27-29, 2012 at the Renaissance Westchester Hotel - Save the Date! Either submit the attached application or log on to <a href="https://www.nypainsociety.org">www.nypainsociety.org</a> to print, complete and send in an application for exhibition space.



## 2011 – 2012 APPLICATION FOR MEMBERSHIP CORPORATE

(Please print or type)

[] One Corpo	orate Membership		\$5,000		
Includes two (2) i	representatives, one (1) 6	foot tabletop	exhibit at the 2012	Annual	
• •	listing with hyperlink, in	-			
Two (2) seats on	the Industry Advisory Co	mmittee.			
Name of Comp	any:				
<b>Representative</b>	One				
Name:				_	
(Last)	(Fir	rst) (Midd	le) (Title/Degree	(s)	
(Position)					
(Street Address)					
(City)	(State or Province)	(Country)	(Postal Code)		
(Telephone)	(extension)		(Fax)		
(E-Mail: required	)				
Representative <b>Section</b>	Two				
(Position)					
(Street Address)					
(City)	(State or Province)	(Country)	(Postal Code)		
(Telephone)	(extension)		(Fax)		
-	) application for membership to a and representatives agree to al participating in society end	bide by the By-Law:	s, and contribute to the		
SIGNATURE	DATE				
PLEA	SE MAIL COMPLETED AP	PLICATION AN	D PAYMENT TO:		

PLEASE MAIL COMPLETED APPLICATION AND PAYMENT TO:
The New York State Pain Society - EIN 45-2802963
Attn: Membership; 12126 Capri Circle South, Treasure Island, FL 33706