



REGISTRATION INFORMATION GUIDE

CANADIAN ACADEMY OF PAIN MANAGEMENT PRESENTS:

CLINICAL PAIN MANAGEMENT SKILLS COURSE

SEPTEMBER 8, 2013

NOW ACCREDITED

This program has been accredited by the College of Family Physicians of Canada and the Ontario Chapter for up to **5.75 Mainpro-M1 credits**

REGISTRATION IS LIMITED!

REGISTER EARLY TO AVOID DISAPPOINTMENT!

HAMILTON GENERAL HOSPITAL
CHARTERS AUDITORIUM
237 BARTON STREET
HAMILTON, ONTARIO

CLINICAL PAIN MANAGEMENT COURSE

The Canadian Academy of Pain Management invites all healthcare professionals to attend the Clinical Pain Management Skills Course, to be held in Hamilton, Ontario on September 8, 2013.

This course will benefit those just entering the field of pain management and treatment, and those interested in updating their skills and knowledge.

Faculty is drawn from Canadian pain practitioners, respected for their contributions to pain management.

WHO SHOULD ATTEND

This multidisciplinary meeting is of interest to:

Basic Scientists
Physicians
Chiropractors
Psychologists
Dentists
Nurses
Physical Therapists
Occupational Therapists
Pharmacists
Professors
Researchers
Residents

COURSE OBJECTIVES

- Deliver a wide range of topics in the area of pain, enhancing the skills of attendees
- Provide practical case-based discussions, enabling attendees to incorporate new views into their practices

FACULTY

Dr. Eleni Hapidou, Psychologist, Treasurer CAPM
Gloria Gilbert, Physiotherapy & Health Counselling, PT, MSc
Dr. Kevin Rod, Credentialing Chair CAPM
Dr. David Rosenbloom, Pharmacist, Advisory Board Member CAPM
Dr. Eldon Tunks, President CAPM
Dr. Howard Vernon, Chiropractor/Researcher, Advisory Board Member CAPM
Dr. Ramesh Zacharias, CPM Centres for Pain Management, MD, FRCS, DAAPM, CMD

REGISTRATION

Two ways to register:

Complete all sections of the registration form. Please note the cut-off dates for fee rates.

MAIL: CAPM, 1143 Wentworth Street West, Suite 202, Oshawa, ON L1J 8P7
(Cheques payable to: Canadian Academy of Pain Management)

FAX: 1-905-404-3727 (*When paying by credit card only*)

NOTE: When faxing please ensure you put the "1" in front of the number—the CAPM office is not in the Hamilton area, which has the same area code.

CANCELLATION POLICY

Cancellations are accepted until **August 23, 2013** with a \$50.00 cancellation fee. No refunds or cancellations after August 23, 2013, however delegate substitution is accepted.

HOTELS

Please call for current rates:

Crowne Plaza Hamilton Hotel

905-528-3451: 150 King Street East, Hamilton
www.ichotelsgroup.com/h/d/cp/1/en/hotel/yhmcp

Days Inn Hamilton

905-528-3297: 210 Main Street East, Hamilton
www.hamiltondaysinn.com

Sheraton Hamilton Hotel

905-529-5515: 116 King Street West, Hamilton
www.starwoodhotels.com/sheraton/property/overview/index.html?propertyID=185

Howard Johnson Hotel Hamilton

905-546-8111: 112 King Street East, Hamilton

LOCATION OF COURSE

Hamilton General Hospital
Charters Auditorium
237 Barton Street East
Hamilton, ON L8L 2X2



PROGRAM

SUNDAY SEPTEMBER 8, 2013

8:00 am	REGISTRATION OPEN
8:00 am—9:30 am	CONTINENTAL BREAKFAST
8:30 am—9:30 am	CAPM ANNUAL GENERAL MEETING For CAPM Members
9:30 am —10:15 am	WEANING PATIENTS FROM STRONG OPIOIDS: METHADONE OR SUBOXONE Dr. Eldon Tunks
10:15 am—10:30 am	BREAK
10:30 am—11:15 am	PEER REVIEW IN OUT OF HOSPITAL PRACTICE PAIN CLINICS Dr. Kevin Rod
11:15 am— 12:00 pm	WHOLE GROUP PRACTICE OF RELAXATION AND STRESS CONTROL Dr. Eleni Hapidou
12:00 pm—1:00 pm	LUNCH
1:00 pm—1:45 pm	UNDERSTANDING MEDITATION APPROACHES FOR PAIN Dr. Eleni Hapidou Dr. David Rosenbloom
1:45 pm—2:30 pm	DELAYED/SLOW RECOVERY AFTER NECK TRAUMA Gloria Gilbert
2:30 pm—3:15 pm	PAIN MANAGEMENT IN THE ELDERLY Dr. Ramesh Zacharias
3:15 pm— 3:30 pm	BREAK
3:30 pm— 4:15 pm	NON-ORGANIC SIGNS AND MUSCLE STRENGTH SINCERITY TESTING, ESPECIALLY IN WHIPLASH Dr. Howard Vernon
4:15 pm—4:45 pm	WRAP-UP DISCUSSION



CLINICAL PAIN MANAGEMENT SKILLS COURSE REGISTRATION FORM—SEPTEMBER 8, 2013

ATTENDEE INFORMATION

Select one: (Please circle) Dr. Mr. Mrs. Ms.

Name: First _____ Last _____

Organization: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

Email: _____

(Please print clearly)

Dietary Restrictions or Allergies: _____

COURSE FEES

To choose your fee—first choose the category you are registering under. (Please note, students must provide proof of student status.) Enter the fee chosen in the right side column. If joining CAPM choose the category of membership and put that amount in right hand column. Sub total fees, add HST on the sub total and complete the payment information. NOTE: McMaster medical and residents fees are complimentary only until August 31. After August 31, 2013 a fee of \$55.00 plus HST is applicable.

FEES AND CATEGORIES

MEMBER Regular Fee To Aug 31	MEMBER Onsite Fee Sept 1 to Sept 8	NON MEMBER Regular Fee To Aug 31	NON MEMBER Onsite Fee Sept 1 to Sept 8	STUDENT Regular Fee To Aug 31	STUDENT Onsite Fee Sept 1 to Sept 8	McMASTER MEDICAL & RESIDENTS FEE To Aug 31 (Must provide proof from McMaster)	McMASTER MEDICAL & RESIDENTS FEE Sept 1 to Sept 8 (Must provide proof from McMaster)	TOTAL
100.00	150.00	195.00	250.00	50.00	75.00	Complimentary	\$55.00	\$

MEMBERSHIP—To take advantage of the member rate, and if you are not a current member, join now

I want to join now as a CAPM member (Choose one—please circle)

Regular Member: \$200.00 (Jan 1—July 31) **BONUS!** July 1—Sept 8 \$120.00 \$ _____

Corresponding Member: \$100.00 (Jan 1-July 31) **BONUS!** July 1—Sept 8: \$60.00 \$ _____

Student Member: \$25.00 (Jan 1-July 31) **BONUS!** July 1—Sept 8: \$20.00 \$ _____

SUBTOTAL: \$ _____

Add 13% HST (#859733529R T0001) to COURSE FEES AND MEMBERSHIP FEES: \$ _____

TOTAL: \$ _____

PAYMENT

CREDIT CARD: VISA MASTERCARD AMEX

Register by Fax to 1-905-404-3727 (Remember to put the "1" in front of the number)

Number: _____ Exp: _____ CVN: _____

Name on Card: _____

Signature: _____

CHEQUE: Payable to **Canadian Academy of Pain Management (include the registration form)**
Mail to: CAPM, 1143 Wentworth Street West, Suite 202, Oshawa, ON L1J 8P7

QUESTIONS

CAPM Office—T: 905-404-9545, office@eventsinsync.com