



ASIPP® EDUCATIONAL SERVICES |
EXCELLENCE IN THE EDUCATION OF INTERVENTIONAL PAIN PHYSICIANS

COURSE DIRECTORS



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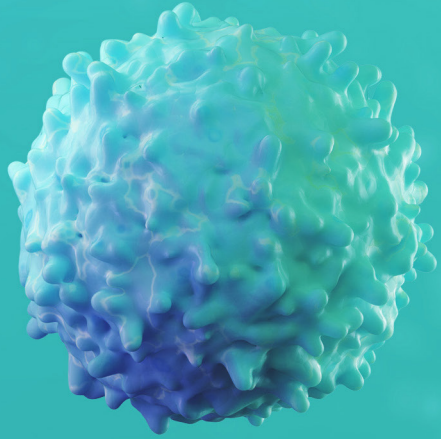
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CADAVER WORKSHOP VENUE MEDICAL EDUCATION & RESEARCH INSTITUTE

44 South Cleveland, Memphis, TN 38104
901-722-8001 | 800-360-6374
<http://www.meri.org>

HOTEL

THE GUEST HOUSE AT GRACELAND

3600 Elvis Presley Blvd, Memphis, TN
TEL: 901.443.3000 | guesthousegraceland.com

**THIS COURSE IS OPEN
TO PHYSICIANS ONLY**

American Society of
Interventional Pain Physicians

THE VOICE OF INTERVENTIONAL PAIN MANAGEMENT



EDUCATIONAL OBJECTIVES/TARGET AUDIENCE

This cadaver workshop for Regenerative Medicine in Musculoskeletal and Lumbar Spine Disorders is targeted to interventional pain physicians seeking CME credit hours and an introduction or review of proven interventional techniques, as well as skills improvement.

EDUCATIONAL OBJECTIVES

- Provide high-quality, competent, safe, accessible, and cost-efficient services to your patients
- Improve existing skills and/or develop new skills in the delivery of Regenerative Medicine
- Incorporate interventional techniques in treating your patients so that patients have better outcomes and reduced side effects

AMERICANS WITH DISABILITIES ACT AND SPECIAL SERVICES

Organizers fully comply with the legal requirements of the Americans with Disabilities Act and the rules and regulations thereof. If any participant in this educational activity is in need of accommodations, please contact the organizers at (270) 554-9412 at least 10 days prior to the conference.

ACCREDITATION STATEMENT

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of The Institute for Medical Studies and the American Society of Interventional Pain Physicians (ASIPP®). The Institute for Medical Studies is accredited by the ACCME to provide continuing medical education for physicians.

CATEGORY I CREDIT

The Institute for Medical Studies designates the Regenerative Medicine Cadaver Workshop live activity for a maximum of 12 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

ASIPP® is now an ABA Registered CME Provider.

DUPLICATION OR DISTRIBUTION OF MATERIALS OR RECORDING OF LECTURES WITHOUT EXPRESS WRITTEN PERMISSION FROM ASIPP® IS PROHIBITED. THERE IS NO COMMERCIAL SUPPORT FOR THIS COURSE.

CADAVER LAB COURSE LEVELS FOR REGENERATIVE MEDICINE	
INTERMEDIATE	ADVANCED
1. PRP & BMC Preparation 2. BMC Acquisition 3. Fluoroscopy, Ultrasound, and Needle Placement 4. Upper Extremity Joint and Myofascial Injections 5. Lower Extremity Joint and Myofascial Injections 6. Lumbar Intraarticular Facet Joint Injections 7. Sacroiliac Joint and Myofascial Related Injections 8. Free Form Practice	1. Fluoroscopy, Ultrasound, and Needle Placement 2. BMC Acquisition 3. Subchondral Injections of the Upper Extremities 4. Subchondral Injections of the Lower Extremities 5. Thoracic Intraarticular Injections 6. Cervical Intraarticular Injections 7. Lumbar Disc Injections 8. Free Form Practice

FRIDAY, JULY 30, 2021

CADAVER WORKSHOP FOR REGENERATIVE MEDICINE

12:30 pm	SHUTTLE TO CADAVER WORKSHOP FACILITY
1:00 pm - 5:00 pm	HANDS-ON CADAVER WORKSHOP
1:00 pm - 5:00 pm	HANDS-ON CADAVER WORKSHOP
5:00 pm	SHUTTLE TO HOTEL

SATURDAY, JULY 31, 2021

CADAVER WORKSHOP FOR REGENERATIVE MEDICINE

6:45 am	SHUTTLE TO CADAVER WORKSHOP FACILITY
7:00 am - 8:00 am	REGISTRATION AND BREAKFAST
8:00 am - 12:00 pm	HANDS-ON CADAVER WORKSHOP
12:00 pm - 1:00 pm	Lunch
1:00 pm - 5:00pm	HANDS-ON CADAVER WORKSHOP
5:00 pm	SHUTTLE TO HOTEL

REGISTRATION

REGISTRANT INFORMATION

IMPORTANT: Please answer all the questions:

MEDICAL DEGREE:

- MD DO PhD
 List other: _____

PRIMARY SPECIALTY CERTIFICATION:

- Anesthesiology Physiatry
 Neurosurgery
 Other: _____

PAIN MEDICINE SUBSPECIALTY CERTIFICATION:

- American Board of Anesthesiology
 American Board of Interventional Pain Physicians
 Fellow of Interventional Pain Practice
 American Board of Pain Medicine
 Competency in Regenerative Medicine
 Competency in Interventional Pain Management
 Other: _____

FELLOWSHIP TRAINING:

- Pain Medicine
 Spine Surgery
 Sports Medicine
 Other: _____

SPECIALTY DESIGNATION:

- 09 - Interventional Pain Management
 72 - Pain Management
 Other: _____

WHAT IS YOUR PRACTICE LOCATION:

- ASC HOPD Office-setting

PERCENTAGE OF INTERVENTIONAL PAIN MANAGEMENT PRACTICE:

- 0% 1-25% 26-50% 51-75% > 75%

YEARS IN INTERVENTIONAL PAIN MANAGEMENT PRACTICE:

- 0 1-5 6-10 > 10

NUMBER OF YEARS EXPERIENCE IN REGENERATIVE MEDICINE:

- 0 1-5 6-10 > 10

TOTAL INDICATE THE NUMBER OF PROCEDURES PERFORMED DURING PAST YEAR:

PROCEDURE	TOTAL PERFORMED
Soft Tissue and Ligament Injections *	_____
Shoulder Injections *	_____
Elbow Injections *	_____
Wrist Injections *	_____
Hip Injections *	_____
Knee Injections *	_____
Ankle Injections *	_____
Sacroiliac Joint Injections *	_____
Caudal Epidural Injections *	_____
Lumbar Interlaminar Epidural Injections *	_____
Lumbar/Sacral Transforaminal Epidural Injections *	_____
Lumbar/Sacral Facet Joint Nerve Blocks *	_____
Lumbar Facet Joint Intraarticular Injections *	_____
Lumbar Discography *	_____
Pudendal Nerve Blocks *	_____
Ultrasound Guided Injections *	_____

CADAVER WORKSHOP LEVELS:

- Basic Intermediate Advanced

PLEASE PRINT EXACTLY AS YOU WISH YOUR NAME TO APPEAR:

NAME (FIRST) (MIDDLE INITIAL) (LAST)

ORGANIZATION

ADDRESS

CITY STATE ZIP

PHONE FAX CELL

E-MAIL

REGENERATIVE MEDICINE

REVIEW COURSE AND CADAVER WORKSHOP

All registrations must be approved

CADAVER WORKSHOP	<input type="radio"/> \$3,200 Member <input type="radio"/> \$3,600 Non-Member <input type="radio"/> \$1,600 Fellow/Resident *
CADAVER WORKSHOP LEVEL	<input type="radio"/> Intermediate <input type="radio"/> Advanced

* If registering as a Resident or Fellow, please list below the name of fellowship program, university or hospital and fax or e-mail a letter from the program director verifying your status. Your application for registration cannot be processed and you will not receive the discount until ASIPP receives this letter. Fax the letter to 270-554-5394 or e-mail to crogers@asipp.org

NAME OF FELLOWSHIP PROGRAM _____

PAYMENT METHOD (Please check one):

- MASTERCARD VISA AMERICAN EXPRESS DISCOVER

CREDIT CARD NUMBER SECURITY CODE (Back of Card) EXP. DATE

NAME ON CARD _____

AUTHORIZED SIGNATURE (required on all credit card orders)

(Your application will not be processed if payment does not accompany registration form)

RETURN COMPLETED FORM TO:

ASIPP*, 81 Lakeview Drive, Paducah, KY 42001 or
 Fax to 270-554-5394

CANCELLATION POLICY:

ASIPP reserves the right to cancel this course upon reasonable notice and will assume no financial obligation to registrants for reasons beyond its control. Registration fees will be refunded, however, costs incurred by the registrants, such as airline or hotel fees or penalties, are the responsibility of the registrants. ASIPP requires a 30-day notice of cancellation for cadaver workshops. Cancellations for cadaver workshop after July 1, 2021 but prior to July 17, 2021 will forfeit 50% of their registration fee. No refunds can be made after July 17, 2021.

REGISTER ONLINE AT

<http://www.asipp.org/ASIPP-National-Meetings.html>