

# REGISTRATION FORM

## Pain Management Certification Prep Course

A One-Day Nursing Seminar for  
Achieving Excellence in Pain Assessment and Treatment

Sponsored by

### Home Care Alliance of Massachusetts

**To register, choose one of the following methods (ONLY one registrant per registration form):**

- Fax this form to 617-426-0509
- Register on-line at [www.ThinkHomeCare.org](http://www.ThinkHomeCare.org) (select "Calendar of Events")
- Mail this form to: Home Care Alliance of Massachusetts  
31 St. James Avenue, Suite 780  
Boston, MA 02116

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Daytime) \_\_\_\_\_ Phone (Evening) \_\_\_\_\_

Fax Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

*Please indicate your professional nursing association membership(s), if any:*

*Please check the session you wish to attend:*

Session 1 **October 2, 2007**

9 am – 4 pm; Registration: 8:30 am  
Overlook VNA (Performing Arts Center)  
88 Masonic Road, Charlton, MA  
*Directions:*  
[www.masonichealthsystem.org](http://www.masonichealthsystem.org)

Session 2 **December 11, 2007**

*(Snow date: December 13, 2007)*  
9 am – 4 pm; Registration: 8:30 am  
Westford Regency Inn & Conf. Ctr.  
219 Littleton Rd., Westford, MA  
*Directions:*  
[www.westfordregency.com](http://www.westfordregency.com)

6.0 contact hours will be awarded upon course completion. This program meets the criteria for Continuing Education through the Massachusetts Board of Registration CMR 244 5.04.

**For more information, contact Kim Bewsher at [kbewsher@hcalliancema.org](mailto:kbewsher@hcalliancema.org) or 617-482-8830.**

*(Please complete payment information on other side of this form.)*

# Pain Management Certification Prep Course

## Please check level of payment:

Course Fee	<input type="checkbox"/> <i>Non-member</i>	\$275
	<input type="checkbox"/> <i>Member of Home Care Alliance of Massachusetts or other professional nursing association</i>	\$195
PRN Manual	<input type="checkbox"/> I would also like to purchase the Pain Resources Network manual, <b>Integrating Joint Commission Pain Standards: Strategies and Tools for Non-Acute Settings</b> at the special seminar rate of \$50 (a \$250 value).	\$50
Late Fee	<input type="checkbox"/> If registration is received less than 2 weeks prior to workshop date.	\$40
<i>Total payment:</i>		\$ _____

## Please check payment method:

My check is enclosed, made payable to *Home Care Alliance of MA*

Please bill my agency, attn: \_\_\_\_\_

Please bill my:     VISA     MasterCard     DiscoverCard

Cardholder's Name \_\_\_\_\_

Card Number	<input type="text"/> <input type="text"/> <input type="text"/>	Three-digit security code (VISA only)	Expiration Date
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Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

**Cancellation Policy:** *Cancellations received one week (7days) prior to the event will be refunded. However, a \$40 cancellation fee will apply. No refunds will be made for cancellations received less than one week prior to the event. Registration substitutions are allowed. Cancellation fees do not apply to substitutions. Companies will be invoiced for registrations not cancelled one week prior to the event.*

*Will you be applying for ANCC Certification in Pain Management?*

Yes     No    *To register for the Pain Management Certification Exam and review the ANCC requirements, go to:*

**[www.nursecredentialing.org/cert/eligibility/PainMgmt.html](http://www.nursecredentialing.org/cert/eligibility/PainMgmt.html)**

*Please check the health care setting most closely describing where you work:*

Acute care     Hospice     Oncology     Long-term care  
 Non-acute care     Home care     Rehabilitation