

Name _____

MD DO DC NP PA RN PT Other: (Please specify) _____

Practice Name _____

Mailing Address _____ Suite _____

City _____ State _____ Zip Code _____

Daytime Phone () _____ E-mail _____

SPECIAL INTEREST SYMPOSIUMS

(Note: If you are attending the conference for one day only, please only select sessions for the appropriate day. Please select one topic for each session unless otherwise noted.)

FRIDAY CONCURRENT SESSIONS

Concurrent Sessions One

- 1. Spinal Therapeutics | An In-Depth Look
- 2. A Practical Assessment | The Patient Exam

Concurrent Sessions Two

- 3. The Failed Back
- 4. Insights & Myths | Spine Surgery

SATURDAY CONCURRENT SESSIONS

Concurrent Sessions Three

- 5. The View | Surgical vs Nonsurgical Perspectives
- 6. In-Depth | Chiropractic Care
- 7. The Wellness Factor

Concurrent Sessions Four

- 8. The Aging Spine | Osteoporosis and Osteoarthritis
- 9. Spine Mimickers
- 10. Get Physical – With Back Pain

Concurrent Sessions Five

- 11. Psychological Perspectives
- 12. The Growing Spine | Tweens and Teens
- 13. Options | Vertebral Augmentation

For the following sessions, please indicate your first and second choices.

Concurrent Sessions Six

- ___14. The Medicine Cabinet
- ___15. The Surgical Patient
- ___16. Spinal Navigation | A Cadaver Workshop

Concurrent Sessions Seven

- ___17. Minimal & Interventional Highlights | A Cadaver Workshop
- ___18. Understanding Whiplash
- ___19. A Road Map | Worker's Compensation

Registration - Please select appropriate option(s)

- Early Bird Registration \$ 115 (if returned by Sept 30)
- Registration \$ 135
- Friday Only \$ 85
- Saturday Only \$ 50
- Chiropractic Physicians Only \$ 35 *Additional cost for administrative/processing fee for CEs. If no CEs desired, fee is waived.*

TOTAL \$ _____

Do you plan on attending the Friday evening social hour? Yes No

**Early registration is encouraged,
space is limited.**

Please make check payable to:
Indiana Spine Group
Please return registration form
by November 4, 2011.

Please return your registration form with payment to:

Indiana Spine Group | Attn: Back Talk | 8402 Harcourt Rd., Suite 400 | Indianapolis, IN 46260

FOR OFFICE USE

REC _____

CHK # _____

REG # _____

CONF _____