NEUROMODULATION AND VERTEBRAL AUGMENTATION

COMPREHENSIVE REVIEW AND CADAVER WORKSHOP

Designated for 15.5 AMA PRA Category 1 Credits™

JULY 12-13, 2019 | HILTON MEMPHIS

REVIEW COURSE VENUE
HILTON MEMPHIS
939 Ridge Lake Blvd,
Memphis, TN 38120
Phone: 901-684-6664

CADAVER WORKSHOP VENUE
MEDICAL EDUCATION & RESEARCH INSTITUTE
44 Sth Cleveland, Memphis, TN 38104
901-722-8001 | 800-360-6374
http://www.meri.org

SPECIALS
• Special room rates through June 10, 2019

THIS COURSE IS OPEN TO PHYSICIANS ONLY

American Society of Interventional Pain Physicians
THE VOICE OF INTERVENTIONAL PAIN MANAGEMENT
YOU'RE INVITED
On behalf of the Board of the American Society of Interventional Pain Physicians (ASIPP®), it is our privilege and pleasure to invite you to attend this Neuromodulation and Vertebral Augmentation Comprehensive Review and Cadaver Workshop. The half day didactic course is July 12 at the Hilton Memphis and the 1.5 day Cadaver Workshop is July 12-13 at the Medical Research Institute. This course meets the needs of interventionalists.

EDUCATIONAL OBJECTIVES/TARGET AUDIENCE
This comprehensive review course and cadaver workshop for Neuromodulation and Vertebral Augmentation 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 Neuromodulation and Vertebral Augmentation
• 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 Neuromodulation and Vertebral Augmentation activity for a maximum of 15.5 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.
FRIDAY, JULY 12, 2019

REVIEW COURSE FOR NEUROMODULATION AND VERTEBRAL AUGMENTATION

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:30 am– 7:30 am</td>
<td>REGISTRATION AND BREAKFAST</td>
</tr>
<tr>
<td>7:30 am – 11:00 am</td>
<td>Session Chair – Ramsin Benyamin, MD</td>
</tr>
<tr>
<td>7:30 am – 7:40 am</td>
<td>Introduction to Session – Introduction to Course Ramsin Benyamin, MD</td>
</tr>
<tr>
<td>7:40 am – 8:35 am</td>
<td>Spinal Cord Stimulation: Patient Selection, Trial, Implantation, and Complications – Ramsin Benyamin, MD</td>
</tr>
<tr>
<td>8:35 am – 9:15 am</td>
<td>Intrathecal Infusion Systems: Patient Selection, Trial, Implantation, and Complications – Jay Grider, DO</td>
</tr>
<tr>
<td>9:15 am – 9:30 am</td>
<td>BREAK</td>
</tr>
<tr>
<td>9:30 am – 10:30 am</td>
<td>Vertebral and Sacral Augmentation: Patient Selection, Trial, Implantation, and Complications – Arthur Watanabe, MD</td>
</tr>
<tr>
<td>10:30 am – 11:00 am</td>
<td>Managing Complications of Implants Ramsin Benyamin, MD</td>
</tr>
<tr>
<td>11:00 am – 12:00 pm</td>
<td>LUNCH</td>
</tr>
</tbody>
</table>

CADAVER WORKSHOP FOR NEUROMODULATION AND VERTEBRAL AUGMENTATION

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>12:15 pm</td>
<td>Buses Leave for MERI</td>
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<tr>
<td>12:45 pm – 1:45 pm</td>
<td>Introduction Lecture</td>
</tr>
<tr>
<td>2:00 pm – 5:00 pm</td>
<td>HANDS-ON CADAVER WORKSHOP</td>
</tr>
<tr>
<td>5:15 pm</td>
<td>Buses Depart MERI for Hotel</td>
</tr>
</tbody>
</table>
SATURDAY, JULY 13, 2019

CADAVER WORKSHOP FOR NEUROMODULATION AND VERTEBRAL AUGMENTATION

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>7:00 am –</td>
<td>Buses Depart Hotel to MERI</td>
</tr>
<tr>
<td>7:30 am –</td>
<td>Registration and Breakfast</td>
</tr>
<tr>
<td>7:45 am –</td>
<td>Introduction and Discussion</td>
</tr>
<tr>
<td>8:45 am –</td>
<td>HANDS-ON CADAVER WORKSHOP</td>
</tr>
<tr>
<td>12pm – 1:00 pm</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:00 pm – 5:00pm</td>
<td>HANDS-ON CADAVER WORKSHOP</td>
</tr>
<tr>
<td>5:15pm</td>
<td>Buses Depart to Hotel</td>
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</tbody>
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LAB ROTATIONS NEUROMODULATION AND VERTEBRAL AUGMENTATION

1. SCS: Thoracic lead placement
2. SCS: Cervical lead placement through lumbar and thoracic entry
3. Permanent and IPG lead implantation
4. Wireless stimulation trial and permanent implant
5. Implant of intrathecal infusion system
6. Implant of intrathecal infusion system
7. Thoracic vertebral augmentation
8. Sacroplasty: Augmentation technique
9. Lumbar vertebral augmentation
10. Free form
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: _________________________________________________________________

FELLlowship 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:  
☐ 10-25%  ☐ 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:

<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>TOTAL PERFORMED</th>
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</thead>
<tbody>
<tr>
<td>Caudal Epidural Injections *</td>
<td></td>
</tr>
<tr>
<td>Lumbar Epidural Injections (All types) *</td>
<td></td>
</tr>
<tr>
<td>Lumbar/Sacral Facet Joint Nerve Interventions *</td>
<td></td>
</tr>
<tr>
<td>Percutaneous Adhesiolysis *</td>
<td></td>
</tr>
<tr>
<td>Lumbar Discography *</td>
<td></td>
</tr>
<tr>
<td>Percutaneous Lumbar Discectomy *</td>
<td></td>
</tr>
<tr>
<td>Cervical Epidural Injections (All types) *</td>
<td></td>
</tr>
<tr>
<td>Cervical Facet Joint Interventions *</td>
<td></td>
</tr>
<tr>
<td>Trigeminal Nerve Blocks *</td>
<td></td>
</tr>
<tr>
<td>Vertebral Augmentation or Sacroplasty *</td>
<td></td>
</tr>
<tr>
<td>Spinal Cord Stimulation *</td>
<td></td>
</tr>
<tr>
<td>Peripheral Nerve Stimulation *</td>
<td></td>
</tr>
</tbody>
</table>

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

NEUROMODULATION AND VERTEBRAL AUGMENTATION

All registrations must be approved

REVIEW COURSE AND CADAVER WORKSHOP

<table>
<thead>
<tr>
<th></th>
<th>MEMBER</th>
<th>NON-MEMBER</th>
<th>FELLOW/RESIDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Member</td>
<td>☐ $3,500</td>
<td>☐ $3,800</td>
<td>☐ $3,900</td>
</tr>
<tr>
<td>Member</td>
<td>☐ $3,500</td>
<td>☐ $3,800</td>
<td>☐ $3,900</td>
</tr>
<tr>
<td>Fellow/Resident</td>
<td>☐ $3,500</td>
<td>☐ $3,800</td>
<td>☐ $3,900</td>
</tr>
</tbody>
</table>

PAYMENT METHOD (Please check one):

☐ 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 cancellation 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. Cancellations must be submitted in writing by June 12, 2019. Cancellations after June 12, 2019 but prior to June 26, 2019 will forfeit 50% of their registration fee. No refunds can be made after June 26, 2019.

REGISTER ONLINE AT
http://www.asipp.org/ASIPP-National-Meetings.html
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