REGENERATIVE MEDICINE

REVIEW COURSE AND CADAVER WORKSHOP
BASIC, INTERMEDIATE, AND ADVANCED
Designated for 16 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 South Cleveland, Memphis, TN 38104
901-722-8001 | 800-360-6374
http://www.meri.org

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 Regenerative Medicine Review Course and Cadaver Workshop. The 1/2 day didactic course is July 12 at the Hilton Memphis and the 1-1/2 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 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 Review Course and Cadaver Workshop live activity for a maximum of 16 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.

ACCOMMODATIONS
HILTON MEMPHIS
939 Ridge Lake Boulevard, Memphis, Tennessee, 38120, USA
TEL: +1-901-684-6664 | FAX: +1-901-762-7496

Relax and rejuvenate in a modern guest room at the Hilton Memphis hotel in Memphis, Tennessee. Keep up with a fitness routine in our Watch an on-demand movie and your choice of premium channels on a flat-screen LCD HDTV. Utilize the large work desk to catch up on tasks, and keep in touch with family or business with WiFi access.
FRIDAY, JULY 12, 2019

COMPREHENSIVE REVIEW COURSE OF REGENERATIVE MEDICINE

6:30 am– 7:00 am  REGISTRATION AND BREAKFAST

7:00 am – 11:00 am  Session Chair – Sheldon Jordan, MD

7:00 am – 7:30 am  Introduction to Regenerative Medicine and Course – Sheri Albers, DO

7:30 am – 8:30 am  Scientific Basis of Role of Regenerative Medicine: Legal and Ethical Aspects – Sheldon Jordan, MD

8:30 am – 9:15 am  Advanced Techniques in Regenerative Medicine in Musculoskeletal Disorders and Lumbar Spine – Sheri Albers, DO

9:15 am – 9:30 am  BREAK

9:30 am – 10:00 am  Essentials of Bone Marrow Concentrate and PRP in Musculoskeletal and Lumbar Spinal Disorders (Application and Acquisition) – Steve Aydin, MD

10:00 am – 10:30 am  Regenerative Medicine for Extremities: Evidence and Technical Considerations – Sheri Albers, DO

10:30 am – 11:00 am  Application of Regenerative Medicine in Spinal Disorders from Theory to Practice – Sairam Atluri, MD

11:00 am – 12:00 pm  LUNCH

CADAVER WORKSHOP FOR REGENERATIVE MEDICINE

12:15 pm  Buses Leave Hotel for MERI

12:45 pm – 1:45 pm  Introduction Lecture – Laxmaiah Manchikanti, MD

2:00 pm – 5:00 pm  HANDS-ON CADAVER WORKSHOP

5:15 pm  Shuttles Depart MERI to Hotel

6:00 pm – 8:00 pm  DINNER AND COCKTAIL RECEPTION
(non-cme lecture sponsored by Legally Mine, Inc.)
SATURDAY, JULY 13, 2019

CADAVER WORKSHOP FOR REGENERATIVE MEDICINE

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>7:00am</td>
<td>Buses Depart Hotel</td>
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<tr>
<td>7:30am – 7:45am</td>
<td>REGISTRATION AND BREAKFAST</td>
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<tr>
<td>7:45 pm – 8:45 pm</td>
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<td>LUNCH</td>
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<td>5:15pm</td>
<td>Buses Depart to Hotel</td>
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CADAVER LAB COURSE LEVELS FOR REGENERATIVE MEDICINE

<table>
<thead>
<tr>
<th>Basic</th>
<th>Intermediate</th>
<th>Advanced</th>
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<tbody>
<tr>
<td>1. PRP &amp; BMC Preparation</td>
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<td>1. Fluoroscopy</td>
</tr>
<tr>
<td>2. Fluoroscopy</td>
<td>2. Fluoroscopy</td>
<td>2. BMC Acquisition</td>
</tr>
<tr>
<td>3. BMC Acquisition</td>
<td>3. BMC Acquisition</td>
<td>3. Lumbar Discography</td>
</tr>
<tr>
<td>5. Shoulder joint, myofascial and related injections</td>
<td>5. Lower extremity joint and myofascial injections</td>
<td>5. Subchondral injections of the lower extremities</td>
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REGISTRATION

REGISTRANT INFORMATION

IMPORTANT. Please answer all the questions:

MEDICAL DEGREE:
☑ MD ☐ DO ☐ PhD ☐ Other: __________________________

PRIMARY SPECIALTY CERTIFICATION:
☑ Anesthesiology ☐ Orthopedic Surgery ☐ 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:
☑ 00 - Interventional Pain Management ☐ 02 - 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 * __________________________
Sacral Joint Injections * __________________________
Caudal Epidural Injections * __________________________
Lumbar Interlaminar Epidural Injections * __________________________
Lumbar/Sacral Transforaminal Epidural Injections * __________________________
Lumbar/Sacral Facet Joint Nerve Blocks * __________________________
Lumbar Facet Joint Intratrabecular Injections * __________________________
Lumbar Discography * __________________________
Pudendal Nerve Blocks * __________________________
Ursalson 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

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$3,500 Member
$3,800 Non-Member
$1,900 Fellow/Resident *

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 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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