



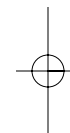
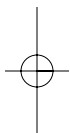
but
should be?

Take the APS Challenge!

Every day as a healthcare professional, you, along with the patients in your care, live with the challenge of dealing with pain. You already know the value of membership in the American Pain Society. Help a colleague meet this challenge! It is an outstanding way for them to grow as professionals and an opportunity to join a network of scientists, clinicians, policy analysts, and others working to elevate the standards of pain care.

And as APS grows, so does its effectiveness at influencing patient care and its ability to provide you with an outstanding array of benefits. You and your colleagues contribute the best and brightest minds from every conceivable discipline to improve and advance the quality of pain research and treatment.

To reach our membership goal, we want you to take an active role in recruitment.



Take the APS Challenge! Give us the names of three colleagues who are not APS members, and you'll receive a **Pain the 5th Vital Sign** button for each of them and one for yourself. When you give us the three names and contact information, you'll also be automatically entered to receive a year of complimentary membership in APS! That's all you have to do! We'll contact your colleagues with information about becoming an APS member.



You'll be offering them the opportunity to not only advance their professional development, but to join a network of more than 3,300 basic and clinical scientists, practicing clinicians, policy analysts, and others working to elevate the standards of pain care.

Your Name _____
 Address to send buttons _____ City _____ State _____ ZIP _____
 Telephone _____ E-mail address _____

1

Name _____
 Address _____ City _____ State _____ ZIP _____
 Telephone _____ E-mail Address _____
 Professional Discipline _____

2

Name _____
 Address _____ City _____ State _____ ZIP _____
 Telephone _____ E-mail Address _____
 Professional Discipline _____

3

Name _____
 Address _____ City _____ State _____ ZIP _____
 Telephone _____ E-mail Address _____
 Professional Discipline _____

- Check here if we can use your name when contacting your colleague.
- Check here if you **do not want** 5th Vital Sign Buttons.

Thank you for your participation! If you have more than three colleagues who should be APS members, please visit our Web site www.ampainsoc.org and download an additional form or photocopy this form.

American Pain Society

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