



4700 W. Lake Avenue
Glenview, IL 60025-1485
847/375-4731 Fax 847/375-6429
e-mail: info@painmed.org
Web site: www.painmed.org

Date: _____

U.S. Embassy, City: U.S. Embassy, _____
Address Line: _____
City-Region Info: _____
Country: _____

Dear Sir or Madam,

_____ is applying for the US visa to attend the American Academy of Pain Medicine educational conference, to be held January 28-31, 2009, with preconference sessions on January 27-28. The following information is being furnished in accordance with US State Department requirements for "participants in scientific, educational, professional, or business conventions, conferences or seminars".

Attendee's Name: _____
Date of Birth: _____
Place of Birth: _____
Source of Funding: _____

Sincerely,

Philip A. Saigh, Jr.

Philip A. Saigh, Jr.
Executive Director