



CORPORATE MEMBERSHIP APPLICATION

American Society of Pain Educators

Corporate Membership in the American Society of Pain Educators (ASPE) is open to organizations that support the goals and mission of the Society. Annual ASPE Corporate Membership Dues are \$5,000.

Please print or type.

Organization ENDO PHARMACEUTICALS
Corporate Member Contact LINDA KITLINSKI, SENIOR DIRECTOR, SCIENTIFIC AFFAIRS Title _____
Address 100 ENDO BOULEVARD
Address _____
City CHADD'S FORD, PA State PA Zip Code 19317
Email Kitlinski.Linda@Endo.com
Phone 800 892 6131 Fax 610-459-7241

Name of corporate entity (as it should appear on the ASPE Web site)

Endo Pharmaceuticals

Link corporate listing to your organization's home page? ☒ Yes ☐ No

Individual completing this form (if other than the Corporate Member Contact named above):

Name LINDA KITLINSKI Title SENIOR DIRECTOR, SCIENTIFIC AFFAIRS
Phone 800 892 6131 Email 610-459-7241

The American Society of Pain Educators (ASPE) is a 501(c)(3) nonprofit professional organization dedicated to improving pain management by providing a standard for certification—the Certified Pain Educator (CPE) credential. The Society works to develop pain educators and support them in their role in providing effective and responsible pain management to their patients and pain-related education to clinical peers, patients, families, and caregivers.

CORPORATE MEMBERSHIP APPLICATION

Annual Corporate Membership Dues - \$5,000

Payment Methods

- 1) Check – Make payable to the American Society of Pain Educators. Memo field should indicate "ASPE Corporate Membership Dues." Mail application (both pages) and check to:

American Society of Pain Educators
6 Erie Street, Montclair, NJ 07042
Attention: Liz Stueck, Associate Director

- 2) Credit Card – Fax this application (both pages) to 973-860-1153

☐ American Express ☐ MasterCard ☒ Visa *CORPORATE PROCUREMENT CARD*

Charge amount (\$5,000 for Corporate Membership) \$ 5,000.00

Account Number: INFO PROVIDED VERBALLY TO BARRY COLE.

Expiration Date: _____ Security Code on Card: _____

Printed Name on Card: LINDA A. KITLINSKI

Credit Card Billing Address: 100 ENDO BLVD, CHADD'S FORD, PA 19317

Authorized Signature*: *[Signature]*

*This individual warrants that he/she has the authority to submit this application on behalf of the organization.

ASPE's Federal Tax ID: 20-1201654

Questions?

For further information about the ASPE, visit our Web site at www.paineducators.org.

Questions? Please contact:

Liz Stueck, Associate Director
American Society of Pain Educators
6 Erie Street, Montclair, NJ 07042
Email: LS@mededucators.com
Phone: 973-509-6701. Fax: 973-860-1153