Data Field	Description
Name and Title:	
Ref No	
Title	Prof. ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Sir ☐
Other Title(s)	MD ☐ PhD ☐ FIPP ☐ RFCA ☐ RSCN ☐ Other
Name	
Surname	
Date of Birth (dd/MM/yyyy)	
Preferred or Main Correspondence Address:	
Address 1 (Clinic, Office)	
Address 2 (Hospital)	
Address 3 (Home)	
City (City of Residence)	
Town (Town of Residence)	
Country (Country of Residence)	
Postal code	
Type of Address	Office ☐ Private Clinic ☐ Hospital ☐ Home ☐ Other ☐
Email address 1	
Specific Information	
Medical Specialty 1	
Research 1 (Current Research, Keyword)	
EFIC Participation	
EFIC Congress participant 2000	Congress Attendee? Yes ☐ No ☐
EFIC Congress participant 2003	Congress Attendee? Yes ☐ No ☐
EFIC Congress participant 2006	Congress Attendee? Yes ☐ No ☐
EWAP participant 1	Involved in EWAP? Yes ☐ No ☐
EWAP participant 2	Yes ☐ No☐
Memberships	
Member of National Pain Society	Yes ☐ No ☐ Country
IASP member current	Yes ☐ No ☐
IASP members past	Yes ☐ No ☐
Other membership / society 1	
Other membership / society 2	
EJP Journal request	Yes ☐