



WESTERN NEUROPATHY ASSOCIATION

Hope through caring, support, research, education, and empowerment

Our mission is to provide support, information and referral to people with neuropathy and to those who care about them, to inform and connect with the health care community, and to support research.

Western Neuropathy Association 2018 Annual Conference

Date: Tuesday, April 17, 2018

Time: 9:30 AM to 3:30 PM

**Pre-register By:
Tuesday, April 3, 2018**
Seating is limited. Must register in advance.

Registration Fee: \$25.00

**Location: UC Davis Mind
Institute
UC Davis Medical Center
2825 50th Street | Sacramento, CA**

Questions?
Toll-free: (888) 556-3356
E-mail: lindsayc@pnhelp.org



New Help for Neuropathy Patients

- 9:30 am **Registration check-in**
(must register in advance; limited seating)
Morning snacks and coffee included.
- 10:00 am Announcements and Introductions
- 10:30 am **Fredric Gorin, M.D., Ph.D.** – Professor and Chair, UC Davis Department of Neurology
He will describe the new opportunities for neuropathy patients at UC Davis. He will introduce neurologists who will speak about their background and their views on treating neuropathy. There will be time for Q & A.
- Noon Catered Lunch** (included with registration)
- 1:00 pm *Program in development*
- 2:00 pm **Karen Wagner, Ph.D.** Postdoctoral Researcher, Ham mock Laboratory/UC Davis
She will provide a report from Bruce Hammock, Ph.D., on the latest information on his research project on neuropathic pain and describe her role in the project. (Dr. Hammock will be traveling in relation to what we hope will be Phase I Human Trials for neuropathy pain medication.) Dr. Wagner earned her Ph.D. in pharmacology and toxicology from UC Davis.
- 3:00 pm **Closing activities:**
 - Evaluations
 - Door Prizes and Silent Auction
 - Closing Announcements

More information to come in the next newsletter.



Mail registration fee and form to:

**WNA
PO Box 276567
Sacramento, CA 95827**

Name _____

Address _____

City / State / Zip _____

E-mail _____

Support Group _____ Phone _____ At Large Member

► *If you need a special diet, please indicate:* Vegetarian Gluten Free Other
If Other, please explain: _____

I am enclosing my check for the \$25 registration fee (includes lunch and morning snacks).
► **Check Number :** _____