REGISTRATION FORM
CLINICAL ENDOCRINOLOGY UPDATE (CEU) AND ENDOCRINE BOARD REVIEW (EBR) 2017

A. 2017 CLINICAL ENDOCRINOLOGY UPDATE
Saturday, September 23—Monday, September 25

CEU PREMIUM PACKAGE
(Includes 2017 CEU Session Recordings)
Full Member* $935 $1,055 $1,119
IT/EC/Associate Member* $655 $719 $779
RN, NP, or PA $515 $575 $635
Nonmember $1,195 $1,325 $1,389

CEU STANDARD REGISTRATION
Full Member* $819 $939 $989
IT/EC/Associate Member* $535 $599 $649
RN, NP, or PA $395 $455 $505
Nonmember $1,029 $1,159 $1,209

ADD EBR PREMIUM PACKAGE TO CEU
(Includes 2017 EBR Online)
Full Member* $1,199 $1,389 $1,449
IT/EC/Associate Member* $815 $939 $989
RN, NP, or PA $579 $659 $715
Nonmember $1,159 $1,299 $1,349

ADD EBR STANDARD PACKAGE TO CEU
Full Member* $405 $459 $499
IT/EC/Associate Member* $405 $459 $499
RN, NP, or PA $405 $459 $499
Nonmember $425 $479 $529

ONE-DAY CEU REGISTRATION
Check One: Saturday Sunday Monday
Full Member* $395 $449 $499
IT/EC/Associate Member* $395 $449 $499
RN, NP, or PA $295 $349 $399
Nonmember $405 $459 $499

B. 2017 ENDOCRINE BOARD REVIEW
Tuesday, September 26—Wednesday, September 27

EBR PREMIUM PACKAGE
(Includes 2017 EBR Online)
Full Member* $815 $895 $1,065
IT/EC/Associate Member* $689 $735 $855
RN, NP, or PA $519 $569 $715
Nonmember $915 $1,005 $1,179

EBR STANDARD REGISTRATION
Full Member* $679 $759 $809
IT/EC/Associate Member* $535 $599 $649
RN, NP, or PA $395 $459 $509
Nonmember $779 $869 $919

IT = In-Training Member
EC = Early Career Member
RN = Registered Nurse
NP = Nurse Practitioner
PA = Physician Assistant

*Membership rates valid with paid 2017 membership dues.

C. REGISTRATION INFORMATION
All fields are mandatory.

CHECK APPLICABLE DEGREES.
☐ MD or equivalent ☐ DO ☐ PhD ☐ MD/PhD
☐ PA ☐ NP ☐ RN ☐ Other

CHECK CONSTITUENCY.
☐ Basic Science ☐ Clinical Science ☐ Clinical Practice

CHECK PRIMARY PROFESSIONAL ROLE.
☐ Administrator/Manager ☐ Educator/Teacher ☐ Nurse/Healthcare Professional
☐ Physician-in-Practice ☐ Basic Scientist ☐ Clinical Scientist ☐ Retired
☐ Student ☐ Trainee/Fellow ☐ Other

CHECK CONSTITUENCY.

D. ADDITIONAL INFORMATION
☐ I will require special assistance. (Please attach a letter detailing your needs.)
☐ I will require special dietary meals:
☐ In case of emergency during the meeting, contact:

E. METHOD OF PAYMENT
TOTAL: $ __________
Full payment must accompany your registration form. Enclose your check (payable to the Endocrine Society, in US funds drawn on a US bank) or complete the credit card information below.

☐ Check ☐ AMEX ☐ Visa ☐ MasterCard (no other cards accepted)

Card Number ________________ Expiration Date ________________ CVV Code ________________

Billing Address, with ZIP code (required)

Name of Cardholder (print)

Signature Date

(Your signature authorizes your credit card to be charged for the total payment above.)
The Endocrine Society reserves the right to charge the correct amount if different from the total listed above.

CANCELLATION POLICY
Cancellations must be received in writing by August 25, 2017. No refunds will be issued after that date. All cancellations are subject to a $75 processing charge.

MAIL OR FAX FORM: MAIL: P.O. Box 17020, Baltimore, MD 21297-1020 FAX: +1.202.736.9704