

REGISTRATION FORM (PAGE 1 OF 2)

PROMO CODE: _____ SOCIETY ID#: _____

A. ATTENDEE INFORMATION (PLEASE PRINT ALL INFORMATION.)

Dr Mr Ms Prof Recently applied for membership

LAST NAME _____ FIRST NAME _____ MI _____
 ACADEMIC CREDENTIALS DO MD MD, PhD NP PA PhD RD RN RPH/PharmD Other _____

PROFESSIONAL TITLE _____

COMPANY/INSTITUTION _____ Home Business

DEPARTMENT/DIVISION _____

MAILING ADDRESS _____ STREET _____ CITY _____ STATE/PROVINCE _____ COUNTRY _____ ZIP/POSTAL CODE _____

TELEPHONE (DAY): COUNTRY CODE/CITY CODE/NUMBER _____ FAX: COUNTRY CODE/CITY CODE/NUMBER _____

EMAIL _____ ONSITE CELL PHONE: COUNTRY CODE/CITY CODE/NUMBER _____ NPI NUMBER _____

COPY CONFIRMATION TO ANOTHER PERSON: NAME AND EMAIL _____

EMERGENCY CONTACT (REQUIRED): NAME _____ DAY TELEPHONE _____ EVENING TELEPHONE _____

ALL INFORMATION IN SECTION A MUST BE COMPLETED IN ORDER TO REGISTER. IF INFORMATION IS NOT APPLICABLE PLEASE INDICATE N/A IN THE SPACE PROVIDED.

B. REGISTRATION CATEGORIES (MEMBERSHIP RATES VALID WITH PAID 2020 MEMBERSHIP DUES)

PREMIUM REGISTRATION PACKAGE: Includes ENDO registration, Session Recordings, and *Meet-the-Professor Endocrine Case Management* book.

REG CODE	CATEGORY	EARLY: BY DEC 12	ADVANCED: DEC 13-FEB 13	LATE/ON-SITE: FEB 14-MAR 31
P_MEM	Member	<input type="checkbox"/> \$744	<input type="checkbox"/> \$844	<input type="checkbox"/> \$944
P_NON	Nonmember	<input type="checkbox"/> \$1,494	<input type="checkbox"/> \$1,594	<input type="checkbox"/> \$1,694
P_ITM	In-Training Member	<input type="checkbox"/> \$379	<input type="checkbox"/> \$469	<input type="checkbox"/> \$519
P_ECM	Early Career Member (Advanced degree holder: (i.e. MD, PhD) who have completed their formal training and are up to 3 years in their professional career)	<input type="checkbox"/> \$544	<input type="checkbox"/> \$594	<input type="checkbox"/> \$644
P_NPR	PA, NP, or RN (including ENS Members)	<input type="checkbox"/> \$454	<input type="checkbox"/> \$504	<input type="checkbox"/> \$554
P_RM	Retired Members	<input type="checkbox"/> \$414	<input type="checkbox"/> \$464	<input type="checkbox"/> \$514

STANDARD REGISTRATION PACKAGE: Includes ENDO registration ONLY. DOES NOT include Session Recordings or *Meet-the-Professor Endocrine Case Management* book.

REG CODE	CATEGORY	EARLY: BY DEC 12	ADVANCED: DEC 13-FEB 13	LATE/ON-SITE: FEB 14-MAR 31
MEM	Member	<input type="checkbox"/> \$619	<input type="checkbox"/> \$719	<input type="checkbox"/> \$819
NON	Nonmember	<input type="checkbox"/> \$1,319	<input type="checkbox"/> \$1,419	<input type="checkbox"/> \$1,519
ITM	In-Training Member	<input type="checkbox"/> \$279	<input type="checkbox"/> \$369	<input type="checkbox"/> \$419
ECM	Early Career Member (Advanced degree holder: (i.e. MD, PhD) who have completed their formal training and are up to 3 years in their professional career)	<input type="checkbox"/> \$419	<input type="checkbox"/> \$469	<input type="checkbox"/> \$519
NPR	PA, NP, or RN (including ENS Members)	<input type="checkbox"/> \$329	<input type="checkbox"/> \$379	<input type="checkbox"/> \$429
RM	Retired Member	<input type="checkbox"/> \$289	<input type="checkbox"/> \$339	<input type="checkbox"/> \$389
EMEM	Emeritus Member	<input type="checkbox"/> FREE		
MEM_ONE	Member One-Day	<input type="checkbox"/> \$339	<input type="checkbox"/> \$389	<input type="checkbox"/> \$439
	Please check which day	<input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday	
MEM_TWO	Member Two-Days	<input type="checkbox"/> \$449	<input type="checkbox"/> \$519	<input type="checkbox"/> \$589
	Please check two days	<input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday	
NON_ONE	Nonmember One-Day	<input type="checkbox"/> \$569	<input type="checkbox"/> \$619	<input type="checkbox"/> \$669
	Please check which day	<input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday	
ITO_ONE	In-Training Member One-Day	<input type="checkbox"/> \$149	<input type="checkbox"/> \$179	<input type="checkbox"/> \$209
	Please check which day	<input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday	
ECM_ONE	Early Career Member One-Day	<input type="checkbox"/> \$189	<input type="checkbox"/> \$219	<input type="checkbox"/> \$249
	Please check which day	<input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday	
NPR_ONE	RN/PA/ENS Member One-Day	<input type="checkbox"/> \$179	<input type="checkbox"/> \$189	<input type="checkbox"/> \$219
	Please check which day	<input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday	
G	Guest (Exhibit Only) (All family member 'Guest' registrations must be paid for with personal funds and may not be paid for by industry sponsorship.)	<input type="checkbox"/> \$100		

GUEST LAST NAME, FIRST NAME (PLEASE PRINT) _____

C. PROFESSIONAL AND OTHER INFORMATION (PLEASE PRINT ALL INFORMATION.)

What is your primary professional role?

- A. Administrator
- B. Advanced Practice Provider (Clinical Practitioner without MD, DO, PhD, or global equivalent)
- C. Basic Researcher
- D. Clinical Researcher
- E. Clinical Practitioner
- F. Educator
- G. Clinical Fellow in Training
- H. Graduate Student/PhD Student
- I. Postdoctoral Research Fellow
- J. Intern
- K. Medical Student
- L. Resident
- M. Undergraduate Student
- N. Retired
- O. Other _____

- C. Basic Researcher
- D. Clinical Researcher
- E. Clinical Practitioner
- F. Educator
- G. Clinical Fellow in Training
- H. Graduate Student/PhD Student
- I. Postdoctoral Research Fellow
- J. Intern
- K. Medical Student
- L. Resident
- M. Undergraduate Student
- N. Retired
- O. Other _____

What is your primary professional setting?

- A. Academic Health Center
- B. Academic Department
- C. Hospital/Health Center/Clinic
- D. Industry
- E. Group Practice
- F. Solo Practitioner
- G. Government (Veterans Administration, NIH, National Health Service, etc.)
- H. Independent Research Institute

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What is your secondary professional setting?

- A. Academic Health Center
- B. Academic Department
- C. Hospital/Health Center/Clinic
- D. Industry
- E. Group Practice
- F. Solo Practitioner
- G. Government (Veterans Administration, NIH, National Health Service, etc.)
- H. Independent Research Institute

Do you conduct research?

- A Yes B No

What is your primary practice area?

- a. Adrenal
- b. Aging
- c. Adipose Tissue, Appetite, and Obesity
- d. Bone and Mineral Metabolism
- e. Cardiovascular Endocrinology

- f. Clinical Laboratory Techniques
- g. Development
- h. Diabetes Mellitus and Glucose Metabolism
- i. Endocrine Cancer and Neoplasia
- j. Endocrine Disruption
- k. Endocrine Genetics
- l. Epidemiology
- m. Female Reproduction
- n. Growth
- o. Health Disparities and Equity
- p. Health Services Research
- q. Lipids
- r. Male Reproduction
- s. Neuroendocrinology
- t. Nutrition
- u. Signaling (Non-steroid hormone signaling)
- v. Steroid Hormones and Receptors
- w. Thyroid
- x. Transgender Research

Do you treat patients?

- A Yes B No

LAST NAME

FIRST NAME

MI

C. PROFESSIONAL AND OTHER INFORMATION (PLEASE PRINT ALL INFORMATION.) CONTINUED FROM OTHER SIDE

What is your primary research interest?

- a. Adrenal
b. Aging
c. Bone and Mineral Metabolism
d. Cardiovascular Endocrinology
e. Diabetes Mellitus
f. Endocrine Cancer and Neoplasia
g. Endocrine Genetics
h. Female Reproductive Health
i. General Endocrine Practice
j. Growth
k. Health Disparities and Equity
l. Lipids
m. Male Reproductive Health
n. Neuroendocrinology
o. Nutrition
p. Obesity
q. Pediatric Endocrine Practice
r. Thyroid
s. Transgender Medicine

Is this your first time attending ENDO?

- A Yes B No

If "Yes", would you be interested in receiving more information about our exclusive first time attendee events and promotions?

- A Yes B No

Please send me more information about the Career Fair.

- A Yes B No

Endocrine Society provides exhibiting companies with an attendee list to promote their booth. Please select "Yes", if you agree to be contacted by exhibiting companies.

- A Yes B No

D. OTHER EVENTS AND SPECIAL ACTIVITIES

- [ECR] Early Career Forum: Friday, March 27
[THYB_WKP] Introductory Thyroid Hands-On Ultrasound Workshop: Friday, March 27
[THYA_WKP] Advanced Thyroid Hands-On Ultrasound Workshop: Friday, March 27
[BIOINFO_WKP] Bioinformatics Workshop: Interactions and Pathways: Friday, March 27
[ENSS] Endocrine Nurses Society: Symposium, Business Meeting, Poster Session, and Reception: Saturday, March 28
[WED_DIN] Women in Endocrinology Annual Meeting: Saturday, March 28
[LGBT] LGBTIQ and Allies Reception: Saturday, March 28
[RGASAC] Research Grant Specific Aims Critiques: Saturday, March 28
[MMP] 25 Years of Diversity Celebration and Reception: Sunday, March 29
[AECD] Association of Endocrine Chiefs and Directors Meeting: Monday, March 30

E. ANCILLARY MEETINGS

- [ATA] American Thyroid Association (ATA) Symposium: Friday, March 27
[AE_MEM] AE-PCOS Update: Friday, March 27
[AE_ENDONON] AE-PCOS Member/Endocrine Society Member
[AE_ENDOITM] Endocrine Society In-Training Member

PHOTOGRAPHY/VIDEO POLICY

ENDO attendees grant permission to the Endocrine Society and their agents to utilize the attendee's image or likeness in an effort to promote the Endocrine Society and/or the Endocrine Society's Annual Meeting & Expo.

H. PAYMENT INFORMATION (PLEASE PRINT ALL INFORMATION.)

TOTAL SECTIONS B \$ + D \$ + E \$ + F \$ = Total Amount Due \$

Full payment must accompany your registration form. Enclose your check (payable to the Endocrine Society in US funds only), or complete the credit card information below.

Purchase orders are not accepted as payment for registration fees. Check (enclosed) VISA MasterCard American Express

NAME OF CARDHOLDER (PLEASE PRINT)

CARD NUMBER

EXPIRATION DATE (MM/YY)

BILLING ADDRESS

BILLING ZIP/POSTAL CODE

SIGNATURE 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 payment listed above.

Mail check to: Endocrine Society, ATTN: Finance, 2055 L Street, NW, Suite 600, Washington, DC 20036

Cancellations must be made in writing. Cancellations received by January 16, 2020 will receive a full refund, minus a \$75 processing fee. Requests for changing Premium Package will not be honored after January 16.

MAIL: Endocrine Society 2020, c/o Convention Data Services, 7 Technology Park, Bourne, MA 02352 OR EMAIL: ENDO@xpressreg.net OR FAX: 508.743.9684 OR PHONE: 774.247.4000

F. PRODUCT SALES

Table with columns: PRODUCTS FOR SALE, EARLY BY MARCH 27, ON-SITE (MARCH 28-31). Rows include MEET-THE-PROFESSOR: ENDOCRINE CASE MANAGEMENT 2020 BOOK, ENDO 2020 SESSION RECORDINGS, ESAP™ 2020, PEDIATRIC ESAP 2019-2020, and Shuttle Bus Pass.

IMPORTANT ENDO SHUTTLE SERVICE INFORMATION: Attendees who do not reserve rooms through the Society's official housing company (onPeak), must purchase a shuttle pass to be able to ride shuttle buses.

Donate to Trainee Travel Awards: \$1.00 \$5.00 \$10.00 \$20.00 \$30.00 \$40.00 \$50.00 Other Amount:

G. OTHER INFORMATION (PLEASE PRINT ALL INFORMATION.)

- Traveling from outside the US or Canada and will require a Letter of Invitation for travel and visa processing. PASSPORT NUMBER (REQUIRED):
Check box if you require special assistance. You will be contacted by Endocrine staff. Describe special services:
Dietary restrictions: Vegetarian Gluten Allergy Shellfish Allergy Nut Allergy Kosher Other