

STUDENT/FELLOW MEMBER GROUP REGISTRATION FORM (PAGE 1 OF 2)

SOCIETY ID# _____

REGISTER TWO IN-TRAINING MEMBERS AND GET THE THIRD IN-TRAINING MEMBER REGISTRATION FREE.

- Hotel accommodations MUST be booked through ENDO 2020 housing company, onPeak, or offer will not be valid (does not apply to local registrants)
- Everyone in the group must be from the same organization, same department, and same city
- Group registration payment must be made with one transaction
- Maximum number of free registrants is four (4)
- All forms must be submitted at the same time

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 _____

DEPARTMENT/DIVISION _____

☐ Home ☐ Business

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_ITM	In-Training Member	<input type="checkbox"/> \$379	<input type="checkbox"/> \$469	<input type="checkbox"/> \$519
G	Guest (Exhibit Only)*	<input type="checkbox"/> \$100		
*All family member 'Guest' registrations must be paid for with personal funds and may not be paid for by industry sponsorship.			GUEST LAST NAME, FIRST NAME (PLEASE PRINT)	

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
ITM	In-Training Member	<input type="checkbox"/> \$279	<input type="checkbox"/> \$369	<input type="checkbox"/> \$419
ITO_ONE	In-Training Member One-Day	<input type="checkbox"/> \$149	<input type="checkbox"/> \$179	<input type="checkbox"/> \$209
		<input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday		
G	Guest (Exhibit Only)*	<input type="checkbox"/> \$100		
*All family member 'Guest' registrations must be paid for with personal funds and may not be paid for by industry sponsorship.			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 _____

What is your secondary 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 _____

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

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. Lipids
☐ q. Male Reproduction
☐ r. Neuroendocrinology
☐ s. Nutrition

- ☐ t. Signaling (Non-steroid hormone signaling)
☐ u. Steroid Hormones and Receptors
☐ v. Thyroid
☐ w. Transgender Research

Do you treat patients?

☐ A. Yes ☐ B. No

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

LAST NAME

FIRST NAME

MI

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

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**
In-Training Member ☐ \$125.00
Workshop Only Registration (Does not include ENDO 2020 registration) (Open to all In-Training Members; Nonmember wanting to attend must become a member)
- [THYB_WKP] **Introductory Thyroid Hands-On Ultrasound Workshop: Friday, March 27**
In-Training/Early Career Member/Nurse ☐ \$275.00
- [THYA_WKP] **Advanced Thyroid Hands-On Ultrasound Workshop: Friday, March 27**
In-Training/Early Career Member/Nurse ☐ \$305.00
- [BIOINFO_WKP] **Bioinformatics Workshop: Interactions and Pathways: Friday, March 27**
In-Training/Early Career Member/Nurse ☐ \$175.00
- [ENSS] **Endocrine Nurses Society: Symposium, Business Meeting, Poster Session, and Reception: Saturday, March 28**
ENS Member ☐ FREE
ENS Nonmember ☐ FREE
- [WED_DIN] **Women in Endocrinology Annual Meeting: Saturday, March 28** ☐ \$80.00
- [LGBT] **LGBTIQ and Allies Reception: Saturday, March 28** ☐ FREE
- [RGSAC] **Research Grant Specific Aims Critiques: Saturday, March 28** ☐ FREE
- [MMP] **25 Years of Diversity Celebration and Reception: Sunday, March 29** ☐ FREE
- [AECD] **Association of Endocrine Chiefs and Directors Meeting: Saturday, March 30**
AECD Member ☐ \$95.00
Nonmember ☐ \$99.00

E. ANCILLARY MEETINGS

- [ATA] **American Thyroid Association (ATA) Symposium: Friday, March 27**
ATA/Endocrine Society Associate/In-Training/Early Career Member ☐ \$79.00
- AE-PCOS Update: Friday, March 27**
- [AE_MEM] AE-PCOS Member/Endocrine Society Member ☐ \$145.00
- [AE_ENDONON] Nonmember ☐ \$200.00
- [AE_ENDOITM] Endocrine Society In-Training Member ☐ \$100.00

F. PRODUCT SALES

PRODUCTS FOR SALE	EARLY BY MARCH 27	ON-SITE (MARCH 28-31)
<i>MEET-THE-PROFESSOR: ENDOCRINE CASE MANAGEMENT BOOK</i>		
In-Training/Early Career Member/RN	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$45.00
<i>ENDO 2020 SESSION RECORDINGS</i>		
In-Training/Early Career Member/RN	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$150.00
<i>ESAP™ 2020</i>		
In-Training/Early Career Member/RN	<input type="checkbox"/> \$149.00	<input type="checkbox"/> \$149.00
<i>PEDIATRIC ESAP 2020-2020</i>		
In-Training/Early Career Member/RN	<input type="checkbox"/> \$149.00	<input type="checkbox"/> \$149.00


[SBP] **Shuttle Bus Pass (please read information below)** ☐ \$75.00

Quantity: _____

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 _____
- Requests may be accommodated for ticketed events only.

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. Attendees waive any right to inspect or approve the finished product or products and the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied. Photography, including camera-enabled cell phones, videotaping and audio recording in session rooms, including poster sessions and the ENDOExpo Hall is forbidden.

☐ Yes, I have read, understood, and agree.**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. Cancellations received by February 13, 2020 will receive a 50% refund. No refunds issued for cancellations or no-shows after February 13. Send requests for refunds to:

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