

## 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, Renewed 2021 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 2021 MEMBERSHIP DUES)

**PREMIUM REGISTRATION PACKAGE:** Includes ENDO 2021 registration, access to ENDO 2021 sessions through December 31, 2021, and 2021 Endocrine Case Management: Meet the Professor e-Book.

REG CODE	CATEGORY	EARLY: BY JAN 21	REGULAR: JAN 22-MAR 23
P_MEM	Member	<input type="checkbox"/> \$599	<input type="checkbox"/> \$699
P_NON	Nonmember	<input type="checkbox"/> \$819	<input type="checkbox"/> \$919
P_ITM	In-Training Member	<input type="checkbox"/> \$269	<input type="checkbox"/> \$319
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"/> \$439	<input type="checkbox"/> \$539
P_NPR	PA, NP, or RN (including ENS Members)	<input type="checkbox"/> \$369	<input type="checkbox"/> \$469
P_RM	Retired Members	<input type="checkbox"/> \$359	<input type="checkbox"/> \$409
P_DCM	Developing Country Members	<input type="checkbox"/> \$269	<input type="checkbox"/> \$319

**STANDARD REGISTRATION PACKAGE:** Includes ENDO 2021 registration and access to ENDO 2021 sessions through April 30, 2021 for members and March 31, 2021 for nonmembers.

REG CODE	CATEGORY	EARLY: BY JAN 21	REGULAR: JAN 22-MAR 23
MEM	Member	<input type="checkbox"/> \$479	<input type="checkbox"/> \$579
NON	Nonmember	<input type="checkbox"/> \$699	<input type="checkbox"/> \$799
ITM	In-Training Member	<input type="checkbox"/> \$149	<input type="checkbox"/> \$199
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"/> \$319	<input type="checkbox"/> \$419
NPR	PA, NP, or RN (including ENS Members)	<input type="checkbox"/> \$249	<input type="checkbox"/> \$349
RM	Retired Member	<input type="checkbox"/> \$239	<input type="checkbox"/> \$289
DCM	Developing Country Members	<input type="checkbox"/> \$149	<input type="checkbox"/> \$199
EMEM	Emeritus Member	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0

### 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 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 research interest?**  
 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  
 l. Endocrine Disruption

j. Endocrine Genetics  
 k. Epidemiology  
 l. Female Reproduction  
 m. Growth  
 n. Health Disparities and Equity  
 o. Health Services Research  
 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 practice area?**  
 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

**The Endocrine Society is offering ENDO 2021 attendees the opportunity to participate in a paid industry sponsored focus group. Please note that if selected, your contact information, including your email address, will be provided to the participating company. Would you be interested in participating?**  
 A Yes  B No

**The 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

LAST NAME

FIRST NAME

MI

**D. PRODUCT SALES**

**PRODUCTS FOR SALE**

*2021 ENDOCRINE CASE MANAGEMENT: MEET THE PROFESSOR eBook*

Member (including Retired and Emeritus)	<input type="checkbox"/> \$45.00
Nonmember	<input type="checkbox"/> \$65.00
In-Training/Early Career Member/RN/PA/NP	<input type="checkbox"/> \$25.00

*ESAP™ 2021*

Member (including Retired and Emeritus)	<input type="checkbox"/> \$225.00
Nonmember	<input type="checkbox"/> \$315.00
In-Training/Early Career Member/RN/PA/NP	<input type="checkbox"/> \$149.00

*PEDIATRIC ESAP 2021-2022*

Member (including Retired and Emeritus)	<input type="checkbox"/> \$225.00
Nonmember	<input type="checkbox"/> \$315.00
In-Training/Early Career Member/RN/PA/NP	<input type="checkbox"/> \$149.00

**E. POLICIES AND INFORMATION**

The Endocrine Society reserves the right to accept, reject, or condition acceptance of any registrant, in the Endocrine Society's sole discretion, at any time.

Because the entire program is being offered virtually, **ENDO 2021 is a non-refundable meeting**. Please contact our Member Services team with any questions or concerns at [info@endocrine.org](mailto:info@endocrine.org).

**Other Policies**

- 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 than may be used in connection therewith or the use to which it may be applied.
- Photography and recording, including camera-enabled cell phones, videotaping and audio recording while participating in sessions, including e-poster sessions are forbidden.

Yes, I have read, understood, and agree.

**F. QUESTIONS?**

For registration information, please call 774.247.4000, Monday–Friday, 9:00 AM to 5:00 PM EDT. Fax: 508.743.9684; Email: [ENDO@xpressreg.net](mailto:ENDO@xpressreg.net). For complete ENDO 2021 program and meeting information, visit the Endocrine Society's website.

**G. PAYMENT INFORMATION (PLEASE PRINT ALL INFORMATION.)**

**TOTAL SECTIONS B \$ \_\_\_\_\_ + D \$ \_\_\_\_\_ = 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