

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.

- 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, 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_ITM	In-Training Member	<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
ITM	In-Training Member	<input type="checkbox"/> \$149	<input type="checkbox"/> \$199

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 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

In-Training/Early Career Member/RN/PA/NP \$25.00

ESAP™ 2021

In-Training/Early Career Member/RN/PA/NP \$149.00

PEDIATRIC ESAP 2021-2022

In-Training/Early Career Member/RN/PA/NP \$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.

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. 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