

IN-PERSON REGISTRATION FORM (PAGE 1 OF 2)

PROMO CODE: \_\_\_\_\_ SOCIETY ID#: \_\_\_\_\_

ATTENDEE INFORMATION (PLEASE PRINT ALL INFORMATION.)

Dr  Mr  Ms  Mx  Prof  Recently Applied for Membership, Renewed 2023 Membership

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

PRONOUNS  She/Her/Hers  He/Him/His  They/Them/Theirs  Ze/Hir/Hirs  No pronouns (only refer to me by name)  Prefer Not to Say  Other \_\_\_\_\_

PROFESSIONAL TITLE \_\_\_\_\_

COMPANY/INSTITUTION \_\_\_\_\_  Home  Business

DEPARTMENT/DIVISION \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ COUNTRY \_\_\_\_\_ ZIP/POSTAL CODE \_\_\_\_\_

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 attendees and participants are required to provide a working phone number to the Society at the time of registration in case the Society is notified by any government or local health department that contact tracing is required.

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

REGISTRATION CATEGORIES (MEMBERSHIP RATES VALID WITH PAID 2023 MEMBERSHIP DUES)

**PREMIUM REGISTRATION PACKAGE:** Includes in-person meeting registration, MTP book, and access to ENDO 2023 sessions through December 31, 2023.

REG CODE	CATEGORY	EARLY: BY MARCH 8	REGULAR: MARCH 9–MAY 16	LATE/ONSITE: MAY 17–JUNE 18
P_MEM	Member	<input type="checkbox"/> \$804	<input type="checkbox"/> \$904	<input type="checkbox"/> \$1,004
P_NON	Nonmember	<input type="checkbox"/> \$1,589	<input type="checkbox"/> \$1,689	<input type="checkbox"/> \$1,789
P_ITM	In-Training Member	<input type="checkbox"/> \$429	<input type="checkbox"/> \$519	<input type="checkbox"/> \$569
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"/> \$584	<input type="checkbox"/> \$634	<input type="checkbox"/> \$684
P_NPR	PA, NP, or RN (including ENS Members)	<input type="checkbox"/> \$489	<input type="checkbox"/> \$539	<input type="checkbox"/> \$589
P_RM	Retired Members	<input type="checkbox"/> \$439	<input type="checkbox"/> \$489	<input type="checkbox"/> \$544
P_EMEM	Emeritus/Emeritus Legacy Member	<input type="checkbox"/> \$125	<input type="checkbox"/> \$125	<input type="checkbox"/> \$125

**STANDARD REGISTRATION PACKAGE:** Includes in-person meeting registration.

REG CODE	CATEGORY	EARLY: BY MARCH 8	REGULAR: MARCH 9–MAY 16	LATE/ONSITE: MAY 17–JUNE 18
MEM	Member	<input type="checkbox"/> \$679	<input type="checkbox"/> \$779	<input type="checkbox"/> \$879
NON	Nonmember	<input type="checkbox"/> \$1,414	<input type="checkbox"/> \$1,514	<input type="checkbox"/> \$1,614
ITM	In-Training Member	<input type="checkbox"/> \$304	<input type="checkbox"/> \$394	<input type="checkbox"/> \$444
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"/> \$459	<input type="checkbox"/> \$509	<input type="checkbox"/> \$559
NPR	PA, NP, or RN (including ENS Members)	<input type="checkbox"/> \$364	<input type="checkbox"/> \$414	<input type="checkbox"/> \$464
RM	Retired Member	<input type="checkbox"/> \$314	<input type="checkbox"/> \$364	<input type="checkbox"/> \$419
EMEM	Emeritus/Emeritus Legacy Member	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
MEM_ONE	Member One-Day	<input type="checkbox"/> \$376	<input type="checkbox"/> \$425	<input type="checkbox"/> \$475
	Please check which day	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
		<input type="checkbox"/> Sunday		
NON_ONE	Nonmember One-Day	<input type="checkbox"/> \$607	<input type="checkbox"/> \$657	<input type="checkbox"/> \$708
	Please check which day	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
		<input type="checkbox"/> Sunday		
ITO_ONE	In-Training Member One-Day	<input type="checkbox"/> \$157	<input type="checkbox"/> \$186	<input type="checkbox"/> \$216
	Please check which day	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
		<input type="checkbox"/> Sunday		
ECM_ONE	Early Career Member One-Day	<input type="checkbox"/> \$208	<input type="checkbox"/> \$239	<input type="checkbox"/> \$268
	Please check which day	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
		<input type="checkbox"/> Sunday		
NPR_ONE	RN/PA/ENS Member One-Day	<input type="checkbox"/> \$197	<input type="checkbox"/> \$206	<input type="checkbox"/> \$237
	Please check which day	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
		<input type="checkbox"/> Sunday		
RM_ONE	Retired Member One-Day	<input type="checkbox"/> \$170	<input type="checkbox"/> \$180	<input type="checkbox"/> \$215
	Please check which day	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
		<input type="checkbox"/> Sunday		

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

LAST NAME FIRST NAME MI

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

- 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?
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

If "Yes", would you be interested in receiving more information about our exclusive first time attendee events and promotions?
If "No" how many previous ENDOs have you attended?
Endocrine Society provides exhibiting companies and approved third parties with an attendee list to promote their booth.

Is this your first time attending ENDO?
A Yes B No

OTHER EVENTS AND SPECIAL ACTIVITIES

- ECR Early Career Forum: Wednesday, June 14
ENDOFT ENDO First Timers-Welcome Reception: Wednesday, June 14
AE\_MEM AE-PCOS Update: Wednesday, June 14
AE\_ENDONON Nonmember
AE\_ENDOITM Endocrine Society In-Training Member
The 4th International Symposium on the Extracellular Calcium-Sensing Receptor (CaSR)
CASR\_IRR CaSR Industrial Representatives and Researchers
CASR\_ITM CaSR Trainee
CASR\_NPASR CaSR Nonprofit Academics and Researchers
AECDC Association of Endocrine Chiefs and Directors Meeting: Thursday, June 15
HDPS Health Disparities Poster Session: Thursday, June 15
LGBT LGBTIQ and Allies Reception: Thursday, June 15
CAREER ENDO Career Fair: Friday, June 16
HES Health Equity Symposia: Friday, June 16
ENSS Endocrine Nurses Society Symposium: Friday, June 16
MMP Mentoring and Poster Reception: Friday, June 16
WED\_DIN Women in Endocrinology Dinner: Friday, June 16

PRODUCT SALES

Table with 2 columns: Product Name and Price. Includes items like '2023 Endocrine Case Management: Meet the Professor eBook', 'ESAP™ 2023', and 'Pediatric ESAP 2023-2024'.

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

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 Award Programs:
\$1.00 \$5.00 \$10.00 \$20.00 \$30.00 \$40.00 \$50.00
Other Amount:

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.
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 ENDO 2023, 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.

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 need ADA assistance, please submit your requirements below by June 1, 2023 so we can appropriately plan for reasonable accommodations. Describe special services:
Dietary restrictions: Vegetarian Gluten Allergy Shellfish Allergy Nut Allergy Kosher Other
Requests may be accommodated for ticketed events only.

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 2023 program and meeting information, visit endocrine.org.

PAYMENT INFORMATION (PLEASE PRINT ALL INFORMATION.)

TOTAL SECTIONS (REGISTRATION CATEGORIES) \$ + (OTHER EVENTS AND SPECIAL ACTIVITIES) \$ + (PRODUCT SALES) \$ = Total Amount Due \$
Full payment must accompany your registration form. Enclose your check (payable to the Endocrine Society in US funds only).
Purchase orders are not accepted as payment for registration fees. [ ] Check (enclosed)
Mail check to: Endocrine Society, ATTN: Finance, 2055 L Street, NW, Suite 600, Washington, DC 20036. If you opt to pay by check, your check must be received within two weeks of the day you register in order to complete your registration. To pay via credit card or wire, call 774.247.4000 or email ereyer@endocrine.org.